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ABSTRACT

This guide provides an understanding of the scope and purpose of educational services in Vermont for young children with handicaps and their families. Section titles are as follows, with chapter titles in parentheses: (1) "Overall Program Development" ("Programmatic Philosophy and Policies," "Planning and Coordination," "Service Delivery," and "Program Evaluation"); (2) "Child Find and Identification" ("Community Awareness," "Referral," and "Screening"); (3) "Assessment for Eligibility and Educational Planning" ("Comprehensive Evaluation Process," "Eligibility Determination," and "Comprehensive Re-evaluation"); (4) "Instructional Planning and Implementation" ("Curriculum Planning," "Individualized Education Program," "Related Services," "Method of Instruction," "Monitoring Child Progress," and "Transition Planning"); (5) "Family Involvement"; (6) "Personnel" ("Staff" and "Staff Development"); (7) "Community Relations" ("Interagency Collaboration" and "Community Involvement and Advocacy Group Interaction"); and (8) "Miscellaneous Programmatic Considerations" ("Physical Space," "Transportation," and "Fiscal Management"). A bibliography of over 300 items is also included. Appendices include policy statements, a community resources survey form, a referral form, a screening form, an evaluation plan form, an approved list of assessments, competencies for essential early educators, barriers to interagency collaboration, parent/professional associations and advocacy groups in Vermont, sources for adaptive equipment, information on arranging center-based classroom learning environments, and other information. (JDD)

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# Guidelines for Planning and Implementing Essential Early Education Programs

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# GUIDELINES FOR PLANNING AND IMPLEMENTING ESSENTIAL EARLY EDUCATION PROGRAMS IN VERMONT

# Chapter 1: OVERVIEW

The numerous benefits of early intervention programs for young children with handicaps and their families cannot be overstated. Such programs can alter the social environment, provide increased sensory motor experiences, and contribute to the intellectual, physical, and emotional development of the young child with handicaps. In addition, early intervention can reduce the severity of many disabilities.

Families, too, are affected positively by early intervention programs for their young children with handicaps. Intervention program staff can help families understand their child's handicapping condition, teach family members how to interact with their child, educate families in areas relating to their own or their child's needs, and assist families in their efforts to obtain services and other resources. In addition, early intervention program staff can offer families support and facilitate the development of positive attitudes toward and clear methods of communication with the available educational system.

## Right to Education

A justification for early childhood programs for young children with handicaps emerges from legislation which guarantees the right and privilege of all children to benefit from opportunities provided from school experiences.

National legislation dates back to 1967 when the Handicapped Children's Early Education Assistance Act and Model Centers Program allowed for the development of model demonstration sites where research was completed to substantiate the effectiveness of early education. Following in 1969, was the enactment of P.L. 91-230 where fiscal sources were granted to encourage the development of special education preschool programs. Then, in 1972, the Economic Opportunity Act was passed which required that 10% of Head Start children served be handicapped.

Two additional federal laws have impacted upon services to all handicapped learners: Section 504 of the Rehabilitation Act and Public Law 94-142. Section 504 of the Rehabilitation Act of 1973 disallows the discrimination of any person due to his/her handicaps. This statute also emphasizes program accessibility through the elimination of architectural and policy barriers.

Probably the most noteworthy landmark piece of legislation that had the greatest impact on the education of handicapped children and their families is Public Law 94-142: The Education for all Handicapped Children Act of 1975 (Amended in 1985 as P.L. 98-199). This law specifies the rights and procedures necessary to ensure that all eligible handicapped children age 3 to 21 receive a "free appropriate public education" (unless state law does not provide free public education to children 3 to 5 or 18 to 21). Moreover, states may choose to provide education to handicapped children who are below or above legal school age. In these cases, the education must be appropriate and must meet all other requirements of federal law.

## Education for Young Children with Handicaps in Vermont

In Vermont, the recognition of the importance of providing services to young children with handicaps has been demonstrated by the establishment of Essential Early Education (EEE) programs in many supervisory unions. Presently legislation regarding the provision of services to handicapped children under legal school age still remains permissive. This means that Vermont school districts may provide special education services to children from age 3 to 5 if: they choose to; if funds become available (as monies are appropriated by the Vermont legislature for Essential Early Education programs); and if at least 50% of the handicapped children in that age group (in any particular disability) are served. (For more information about Vermont's position in this area please, refer to the sections on "Entitlement" and "50% Rule", pages 1-4 in Legal Issues in Essential Early Education, 1986.)

The state's commitment to improving and expanding the provision of services to all young children with handicaps has been well demonstrated. In 1984, The State of Vermont's Special Education Unit of the Department of Education received the first of a series of three federally funded grants from the Office of Special Education and Rehabilitative Services under the auspices of the Handicapped Children's Early Education Program. The three grants were to run sequentially and

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provide eight years of financial assistance for the state to plan, develop and implement an early childhood plan for young children with handicaps in Vermont. The ultimate goal of these grants was the creation of a comprehensive service delivery system of special education and related services to young children with handicaps from birth through five years of age.

This guide is an outgrowth of the state planning grant. Its purpose is to provide direction for the development of new EEE programs and the growth of current EEE programs in Vermont. More specifically, it will offer existing programs a vehicle for determining if full and comprehensive services are available to young children with handicaps in the respective supervisory unions.

## OVERVIEW OF THE GUIDELINES

This document is the result of cooperative efforts by professionals and parents who offered, through committee membership (e.g., EEE task forces), either written or verbal input on the contents. These people represented a variety of backgrounds and practical knowledge in this area. Their commonality was a genuine concern for children.

This guide has been prepared for use by personnel involved in services to young children with handicaps (birth through five years of age). Professionals in Essential Early Education programs who provide services to young children with handicaps (ages 3 through 6) and supervisory personnel are the primary target audience. In addition, it is hoped that the contents of this guide will provide some understanding of the scope and purpose of educational services for young children with handicaps and their families to parents and other personnel in human service, health, and other child service agencies.

The variance that exists throughout the state has been considered throughout this manual. In other words, it is recognized that individual districts will have different requirements due to their variance (i.e., rural vs urban; new and developing programs vs existing programs who are in the process of refining procedures). It is not the intent of this document to require all school districts to create identical programs. Rather, an attempt has been made to offer suggestions and alternatives from which people may choose in order to develop and evaluate the particular program which bests meets the needs of the individual children and families who live in the individual districts.

In keeping with the Vermont Special Education Long-Range Plan, the creators of this guide sought to include the components of the Vermont form of the Johnson-Gadberry Program Definition Model which was adopted for use for special education programs in this state in 1985 (see Information Circular #127). The Table of Contents reflects the inclusion of ten sections which are comprised of related individual components (the progenitor elements) and listed as chapters. Each section and its individual chapters are arranged systematically.

The general format for each section of this guide is as follows:

1. a definiton of the section;
2. a rationale for including the section;
3. the current state regulation(s) concerning the component as they are stated in the Vermont State Rules for Special Education (R 2366); (If further clarification is needed, the Federal Regulation(s) from P.L. 94-142 [amended in 1985 as P.L. 98-199] are included);
4. an introduction that describes the chapters (i.e., components) included in the section.

For clarity and consistency, the chapter format is quite similar. Each chapter's format is:

1. a definition of the chapter;
2. a rationale for including the chapter;
3. guidelines for planning and implementing the component addressed in the chapter.

A Bibliography of Citations and Readings for each component will be found at the end of the manual in the Appendices. Other materials in the Appendices are meant to provide clarity or serve as samples to consider in the development of similar tools for individual districts.

The words shall, must, and should are not used interchangeably in this guide. Shall and must are words used in regulations and mean "required," (i.e., mandatory). Should, however, means a recommendation based on good practice standards.

## Brief Overview of the Chapters

The following discussion presents a condensed version of each of the chapters included in the manual. This brief overview will allow the reader to quickly locate information pertinent to EEE program development, implementation and/or evaluation.

### Chapter 2: Programmatic Philosophy and Policies

This chapter emphasizes the importance of creating a program philosophy or "belief system" which guides the development, implementation, and evaluation of all aspects of program service provision and is operationalized through the development of policies and procedures. A process is recommended for generating philosophy statements, policies, and procedures.

### Chapter 3: Planning and Coordination

This chapter focuses on the need for a systematic approach to planning and coordination of services by a variety of representatives from agencies and other interested individuals in the community. Guidelines are presented for establishing a local advisory committee and its use in developing, implementing, and evaluating a plan for comprehensive EEE services. In addition, recommended timelines for implementing each component are included to assist program planning.

### Chapter 4: Service Delivery

The intent of this chapter is to provide EEE programs with information to facilitate the development of a comprehensive service delivery system that is flexible, adaptable, and includes an array of least restrictive service options. In addition, guidelines are offered for EEE program staff to determine the most appropriate service delivery options for individual children and their families.

### Chapter 5: Program Evaluation

Program evaluation is described as the systematic gathering of information concerning the strengths and needs of a program to provide a basis for decisions which lead to positive programmatic growth. Guidelines are offered for conducting program evaluations and using the data gathered to make decisions.

**Chapter 6: Community Awareness**

This chapter addresses the need to communicate information regarding EEE services to families, community resources, and the general public in order to ensure that adults who are involved with young children are aware of the program and the services it offers. By promoting community awareness, adults will be encouraged to contact EEE programs for identifying children who may be in need of special education services. Chapter 6 outlines steps for developing a community awareness campaign.

**Chapter 7: Referral**

This chapter addresses the referral process as a method of identifying children who may be in need of EEE services and may need a comprehensive evaluation to determine eligibility. A plan is offered for establishing a referral process.

**Chapter 8: Screening**

In Chapter 8 screening is defined as a quick and efficient process used to look at young children's skills to identify those children who may have a delay in their development which requires further evaluation. It is emphasized that the earlier a child in need of special education is identified, the sooner those children can receive important EEE services. The guidelines in this chapter offer a comprehensive process for the development of a community wide screening program.

**Chapter 9: Comprehensive Evaluation Process**

This chapter addresses the importance of conducting a comprehensive evaluation to gain an accurate picture of the child's current abilities and needs by compiling information from professionals and parents through the use of a variety of assessment procedures. Information gathered through the comprehensive evaluation process allows for the determination of a child's eligibility for special educational services, and provides information for program planning. A process for planning and conducting a comprehensive evaluation is offered.

**Chapter 10: Eligibility Determination**

The content of Chapter 10 outline a process for determining which children qualify for Essential Early Education services based upon assessment information which has been gathered.

**Chapter 11: Comprehensive Re-Evaluation**

Chapter 11 addresses the need to periodically re-evaluate a young child with special needs to determine if the educational plan is still needed and adequate in light of the changes he/she experiences with the passage of time. This chapter describes the comprehensive re-evaluation process as identical to the sequence used for conducting the comprehensive evaluation and determining eligibility.

**Chapter 12: Curriculum Development**

This chapter highlights the close relationship between a EEE program's philosophy and the educational content reflected in the curriculum. It also emphasizes that a clearly defined curriculum will insure that program personnel, the child's family, and related professionals are better able to act in concert to select instructional goals and objectives for the child. The guidelines present steps for identifying and defining the EEE program's curriculum.

**Chapter 13: Individualized Education Program (IEP)**

The IEP outlines the annual goals to be met, specific instructional objectives to be accomplished, and the educational services that will assist the child in reaching specified goals and objectives. The guidelines presented in Chapter 13 summarize regulations and provide recommendations that promote the IEP as a process that guarantees that all key individuals work together to develop a quality educational program, and a product that serves as an important planning and communication tool. Information is offered for planning and carrying out the IEP meeting and creating the contents of the IEP.

**Chapter 14: Related Services**

This chapter focuses on the important role of related services in the total educational program of many young children with special needs. The discussion includes guidelines for decision-making regarding the provision of related services.

**Chapter 15: Method of Instruction**

The method of instruction is the systematic manipulation of environmental variables to ensure a child's acquisition, maintenance, and generalization of skills necessary for functioning in present and future environments. The guidelines presented in Chapter 15 are intended to assist EEE programs to develop and implement appropriate instructional plans for meeting the goals and objectives of a child's IEP.

**Chapter 16: Monitoring Child Progress**

Chapter 16 focuses on the programmatic need to develop a system to determine if a child's educational plan is being implemented and if the child is making sufficient progress towards meeting the goals and objectives on the IEP. The guidelines suggest strategies for establishing such a monitoring system and conducting the annual review of the IEP.

**Chapter 17: Transition Planning**

The chapter on transition planning emphasizes that sufficient and timely planning ensures continuity in a child's educational program and prepares him/her to function successfully in the next educational setting. The chapter includes a recommended process for transition planning and guidelines for developing written transition policies and procedures.

**Chapter 18: Family Involvement**

The guidelines in this chapter address the changing focus of EEE services from one which distinguishes providing direct services to children with handicaps to one which considers the entire family system when determining services. Current "best practices" are discussed for developing goal statements concerning family involvement, and identifying and planning family involvement activities.

**Chapter 19: Staff**

This chapter focuses on the need to identify the roles and responsibilities required of personnel who provide services to young children with handicaps within the framework of a personnel organizational model a program chooses to employ. Areas concerning staff which require planning are discussed.

**Chapter 20: Staff Development**

Chapter 20 emphasizes the necessity for EEE staff to update and improve their competence through continuing education and inservice training. Recommendations are given for identifying and implementing a staff development plan.

**Chapter 21: Interagency Collaboration**

This chapter highlights the positive benefits of cooperative efforts by separate service providers to work together to share ideas, information, and resources to improve service delivery to young children with handicaps and their families. A system for establishing interagency collaboration is suggested.

**Chapter 22: Community Involvement and Advocacy Group Interaction**

Chapter 22 points up the importance that the EEE program becomes an integral member of the community, and gains support by the community. The need for active involvement with the general public and concerned individuals is essential so that the EEE program is "owned" by, and is a valued part of the larger community. Also emphasized is how critical it is for parents, advocacy groups and other members to value the program since they can have great influence over decisions made at the state and local level which will have an impact on the program. It is suggested that the EEE program staff identify goals of community involvement and develop a community involvement plan to keep the community informed about and willing to advocate for the EEE program.

**Chapter 23: Physical Space**

Information in Chapter 23 emphasizes that careful planning and managing of the learning environment will assist young children in acquiring and using targeted skills and other information. General guidelines are offered for using physical space and equipment. A strategy is recommended for a system to organize and use the physical space where learning occurs.

**Chapter 24: Transportation**

This chapter focuses on issues and considerations regarding transporting children to and from programs and/or transporting EEE professionals to the home or other day placement to provide EEE services to young children with special needs. The guidelines recommend that the EEE program develop written transportation policies and procedures to ensure the safe and appropriate transportation of young children with special needs.

**Chapter 25: Fiscal Management**

The guidelines in Chapter 25 address the need for Essential Early Educators to understand how the program is funded, are aware of other funding sources, and are able to develop a budget. Methods to ensure that the above takes place are included.

## Section I: OVERALL PROGRAM DEVELOPMENT

### DEFINITION

Overall program development refers to a systematic approach to planning and developing the program's philosophy and policies, and determining service delivery options, coordination of services and program evaluation.

### RATIONALE

A systematic approach to program development links the program philosophy to the operational procedures of the program including the selection of evaluation strategies. Such a linked system enhances the organization and cohesiveness of the program and ensures that all individuals who are connected with the program operate along similar guidelines.

### REGULATIONS

#### State Regulations

Section 2363 General Program Requirements

**Section 2363.1 Local Educational Agency Plan (LEAP).**

A local educational agency which receives state or federal funds for special education shall submit a special education plan. The plan, to be updated annually as needed, shall cover a period of three years. Included in the plan shall be a description of how the district will provide for the identification, evaluation, education and provision of related services for handicapped pupils. The plan shall also describe a system of inservice training for all school personnel who work with or assume responsibility for handicapped pupils.

**Section 2363.1.1**

In conjunction with the local educational agency plan, local education agencies which provide essential early education services shall submit a program plan relating to the services for preschool handicapped pupils to be provided within the district.

## Section 2565.8.4.2 Setting

Educational services may be provided in any of the following ways:

1. As a supplemental service provided in a regular nursery school, or Headstart Program or by an Essential Early Education program;
2. As consultation or direct work with the child;
3. In self-contained special classes or center-based services;
4. As home training on a regular basis with the parent and child;
5. At day-care or other facilities for children who are away from home during the day.

## Section 2363.4 Least Restrictive Alternative

### Section 2363.4.1

General Requirements: Each responsible agency shall educate handicapped pupils to the maximum extent appropriate with their non-handicapped, chronological age peers in the schools they would attend if not handicapped. Hindrances to the learning and normal functioning of handicapped pupils within the regular school environment shall be overcome whenever possible by the provision of special resources and services rather than by placement in separate special education programs. Special classes, separate schooling or other removal of pupils from the regular educational environment shall occur only when and to the extent that the nature of the educational handicap or other condition within the school is such that education in regular classes, even with the use of supplementary aids and services, cannot be accomplished satisfactorily.

### Section 2363.4.2

Continuum Concept: In complying with 2363.4.1, each responsible agency shall provide or arrange for the provision of a continuum of alternative placements to meet the special education needs of handicapped pupils.

## INTRODUCTION

A clearly articulated program philosophy relating to serving young children with handicaps will serve as a basis for guiding the development, implementation and evaluation of all program aspects. The development of program policies will operationalize the programmatic philosophy. These policies influence how services are provided and the coordination of program personnel and other agencies who provide services to young children with handicaps. Further, these common threads will guide decision-making for the selection of evaluation strategies useful for measuring program impact toward established program goals and specific individual goals.

The chapters located in **Section** I address the need to link the program philosophy and goals to the operational procedures of the program. They include:

**Chapter 2: Programmatic Philosophy and Policies**
**Chapter 3: Planning and Coordination**
**Chapter 4: Service Delivery**
**Chapter 5: Program Evaluation**

# Chapter 2: PROGRAMMATIC PHILOSOPHY AND POLICIES

## DEFINITION

A programmatic philosophy is a set of written statements of the beliefs of the EEE program. A policy is the translation of the philosophy of the program into clear and concise parameters to guide the program's operation and delivery of services.

## RATIONALE

A program philosophy or a "belief system" relating to serving young children with handicaps should serve as a means for guiding the development, implementation and evaluation of **all** program delivery aspects, and as an ongoing decision-making guide for personnel involved in programming. The development of program policies operationalizes the programmatic philosophy or belief system and ensures that actual services to children and their families reflect the overall program philosophy.

## GUIDELINES

Essential to the functioning of an effective early education program is the development of a clearly articulated program philosophy and policies which guide program operation on a day to day basis. Together, they will be the thread that is interwoven and consistent throughout every component of the program. In order to create philosophy and policy statements which reflect the beliefs of all stakeholders, a program should have: 1) a plan for generating philosophy statements; and 2) a process for establishing program policies and procedures for meeting the intent of the policies.

### Procedures for Generating Philosophical Statements

Each EEE program should have a process to ensure that all stakeholders have an opportunity to provide input into the programmatic philosophy and goal statements for an EEE program. One possible process for generating philosophy and goal statements, suggested by Johnson (1980: cited in Johnson, York, & Gadberry, 1983), is outlined below.

### Generate beliefs and goal statements

Stakeholders with an investment in the EEE program (e.g., EEE staff, parents of children currently and formerly served by the EEE program, administrators, other school personnel, regular early childhood caregivers and teachers, and professionals from related agencies) meet to generate a list of beliefs, tenets, and goal statements regarding the overall purpose and role of the EEE program. Some questions which meeting participants can ask themselves as a way of eliciting their statements of beliefs are:

1. What should be the role of the EEE program in providing services to young children with handicaps and their families?
2. What should be the roles and relationships of the EEE program in regard to the local schools and community?
3. What are the purposes or goals of the EEE program in providing services to young children with handicaps and their families?
4. What knowledge, skills, concepts, and values do **all** young children, handicapped and nonhandicapped need to learn?

By answering such questions, stakeholders will ultimately be making decisions which will guide every aspect of the early intervention program including: method of service delivery, curricula, method of instruction, family involvement, interagency coordination, community involvement and the roles and responsibilities of personnel who will provide services.

### Draft philosophy and goal statement

From the list of statements, the EEE Coordinator and staff draft a statement of program philosophy and general program educational goals which reflect and incorporate the beliefs and goals expressed by the stakeholders. These goals should dictate the program's target population, focus, content, instructional strategies and evaluation efforts.

Following are two philosophy statements drafted by the EEE State Planning Team (1986):

1. "We believe that every child should be seen as an integral part of his/her family and community with parents as the primary decision makers."
2. "We believe that for special needs and at-risk children, early intervention is necessary to provide every child with the opportunity to reach his or her maximum potential."

### Review draft

After the draft is completed, it is presented to the stakeholders for review and suggestions or ratification.

### Revise draft

The EEE coordinator and staff revise the draft statements of philosophy and goals which reflect and incorporate the list of beliefs and goals expressed by the stakeholders.

### Gain Administrative approval

The EEE coordinator obtains administrative approval of the proposed statement of philosophy and goals.

### Disseminate to local community

The statements of programmatic philosophy and goals are published and disseminated as part of promoting community awareness.

### Create an evaluation plan

An evaluation plan and timetable for reviewing and revising the philosophy and goal statements are established. Since personnel and beliefs change over time, it is suggested that stakeholders review and revise the philosophy and goal statements every three to five years.

If the preceding set of procedures is followed, stakeholders will be given an opportunity to offer input and articulate existing programmatic beliefs that can assist staff in planning, organizing, and implementing an early intervention program.

## Establishing Program Policies and Procedures

Once a program's philosophy has been generated, administrative policies (which attend in scope and content to the programmatic belief system) and procedures can be established to provide specific courses of action and guidelines for program operation. Program policies are more focused and specific than philosophy statements. Whereas it is one thing to **believe** in a particular principle, it is another to actually work under a policy which requires behaviors that demonstrate the belief. For example, if the program philosophy is one of normalization, then a policy which requires teaching functional skills in settings where the behaviors can be practiced should be written.

In general, policies are developed to:

1. Meet requirements of state laws and regulations.
2. Provide guidelines for achieving program goals and existing current best practices.
3. Provide a basis for decision-making.
4. Assure fairness and protect program staff, children, and parents.

Most school districts have extensive policies that guide the administration of the district. EEE programs certainly must adhere to these policies, although additional policies specific to the operation of an EEE program might be desired. The special education administrator will be able to answer any questions regarding policies governing the school district.

Policies in areas which are appropriate for preschool programs include:

1. delivery of services;
2. family involvement;
3. confidentiality of records;
4. personnel roles, responsibilities, & evaluation;
5. staff development;
6. transitioning children into other programs;
7. use of facilities;
8. administration, supervision, and fiscal management.

Accomplishing this goal requires that an EEE program establish: 1) A policies development process; 2) A method to identify procedures to implement the policies; and 3) A manual for documenting the written statements philosophy, policies and procedures.

### Create a policy development process

It is recognized that the smooth and effective functioning of a program is enhanced by clearly stated policies and procedures which provide specific guidelines for meeting the intent of the policy. In order to accomplish this, it may be necessary to create a policy development process which involves parents, staff, administrators, school board members and other interested groups in the formulation, adoption and revision of policy. The format offered by Johnson (1980), described earlier in this chapter, is one viable process which can be adapted for creating policies.

### Identifying policy procedures

The process for ensuring that program goals are met and that policies are followed is determined usually by an organizational structure which the local school district has established. However, implementation of the program's policies requires the creation of a set of procedures to identify responsibilities assigned to specific individuals and timelines for achievement. While this may be an arduous task, the reality is that a program's operation can be hampered if adequate attention is not given to developing procedures that actualize policies.

The following questions can help determine if the procedures outlined are adequate to operationalize the policy:

1. Are all **critical activities** identified?
2. Are there **specific procedures** written in clear fashion to be followed for carrying out the critical activities?
3. Have the **specific individuals** responsible for carrying out the critical activity been identified?
4. Have **timelines** for carrying out the critical activity been set?

## Documenting the EEE program's philosophy, policies and procedures

Once philosophy and policy statements are created and procedures are identified, they should be written in concise, understandable language. It is important that when they are written, they are:

a) positive and clear to all members of the general public,

b) within the boundaries of existing state and federal regulations, and

c) consistent with contemporary professional standards and the findings of current research.

It is suggested that a legible, well-organized manual with policy statements and procedures for operationalization be drafted which has: a table of contents, an index, a glossary, and a method of cross-referencing local, state, and federal laws. This will help clarify policies and responsibilities for new personnel, parents and other individuals who are interested in the EEE program. It can also serve as a tool for communicating the program's policies to the public and constituency groups.

Prior to dissemination, all written policies and procedures should be reviewed by legal counsel. This step will ensure their legality, and thus enforceability.

An example of a proposed policy statement (concerning the transition of learners from EEE programs into other programs) can be found in Appendix A.

# Chapter 3: PLANNING AND COORDINATION

## DEFINITION

The planning of programs or services and the coordination of service components within the program and in cooperation with other agencies who are involved in service provision.

## RATIONALE

A systematic approach to planning or expanding a program for young children with handicaps will result in a program that is more effective in accomplishing its goals. The process of implementation will be smoother when preceded by sound planning. Also, a systematic planning process will facilitate the coordination of services by agencies who provide services to young children with handicaps.

## GUIDELINES

Critical to the effective operation of an EEE program is the systematic approach to planning and coordination of services by a variety of constituents who share an interest in it. The establishment of a Local Advisory Committee provides invaluable assistance to the development and implementation of a comprehensive array of special education, related, and other community services. The following section offers guidelines for establishing a Local Advisory Committee and its use in: 1) determining current local resources and service needs, and 2) developing, implementing, and evaluating a plan for providing comprehensive EEE services. The reader is referred to Chapter 21: Interagency Collaboration for guidelines concerning working with other agencies.

### Establishing a Local Advisory Committee

The vehicle for planning and coordinating components of the program should be a Local Advisory Committee. The members of this committee should represent each and every stakeholder group that is a part of the local service delivery system for young children with handicaps and their families. The composition of the Local Advisory Committee should include:

1. Parents of children receiving EEE services
2. Representatives of each of the state agencies which provide services to young children and families, including SRS, Mental Health, and Health
3. Local medical personnel (e.g., pediatricians, nurses)
4. Child care and/or preschool professionals
5. Representatives from other local community service agencies
6. Advocacy groups
7. Kindergarten teachers
8. Elementary school principals
9. Special Education Administrator
10. School Board members
11. EEE Coordinator

The goal of this committee is the establishment of a local, comprehensive, interagency, multidisciplinary, integrated, service delivery system that will address all of the needs young children with handicaps and their families experience. The Local Advisory Committee will provide a strong advisory function in assisting the local EEE program to make decisions regarding the development, implementation, and coordination of special education and related services.

### Determining Local Resources and Service Needs

There are three interrelated tasks the Local Advisory Committee should initially perform prior to developing a plan for providing EEE services. The first task is to identify all of the special education and related service needs experienced by young children with handicaps and their families. The committee's second task is to determine the local resources that currently provide the services needed to address the identified needs. In addition, the committee should determine the degree to which existing services are available and accessible to the children and families who need them, as well as the current procedures for obtaining these services. The third task is to examine the list of identified needs and current services to determine remaining service needs and gaps that exist within the community. This discrepancy analysis between needs and current services will provide the basis for the next major activity of the Local Advisory Committee.

## Developing, Implementing, and Evaluating a Plan for EEE Services

The Local Advisory Committee should take responsibility for developing a plan for how EEE services will be provided in the local school district. The plan should reflect and be consistent with the program philosophy and program policies. The plan should include goals, objectives, implementation activities, and evaluation procedures, as well as specific timelines, personnel, and responsibilities.

The written plan should include a process for the coordination of all components offered through the continuum of educational programs and related services that are included in the program. This will ensure that services are not duplicated and that existing gaps will be filled.

An ongoing evaluation process to determine the effectiveness of program planning and coordination of established program goals also should be included in this plan. The content of the evaluation component should reflect program philosophy and goals generated for the EEE program and offer information useful for guiding programmatic changes. For more information on program evaluation please see **Chapter 5: Program Evaluation.** A suggested timeline for program development follows the end of this chapter.

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Philosophy and Policies** | | | | | | | |
| Identify people/agencies who should be involved in developing philosophy and goals of the program (program constituents) | X | | | | | | |
| Program constituents generate program goals and philosophy statements | X | | | | | | |
| EEE Program staff review and refine program goal and philosophy statements for first draft of "EEE Program Philosophy & Goals" | X | | | | | | |
| Advisory Committee and EEE staff review draft of EEE Program Philosophy and Goals and make final revisions | X | | | | | | |
| Advisory Committee and EEE staff review existing school district policies and identify program areas where policies are needed | X | | | | | | |
| Advisory Committee and EEE staff generate program-wide policy statements | X | | | | | | |
| Conduct program evaluation of the component: Philosophy and Policies | | X | | | | | X |
| EEE staff and Advisory Committee review evaluation results and develop or refine/revise written document of EEE Philosophy and Policies | | X | | | | | X |
| * EEE staff review and integrate program philosophy and policies in the development and implementation of all program components | | X | X | X | X | X | X |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Planning and Coordination** | | | | | | | |
| Identify members from the larger group of constituents and establish an EEE Program Advisory Committee | X | | | | | | |
| Identify the potential services young children with handicaps and their families will need | X | | | | | | |
| Identify local resources, agencies, and programs that provide services to young children and families | X | | | | | | |
| Identify gaps and inadequacies in existing community services for meeting the needs of young children and their families | X | | | | | | |
| Develop a three-year, program development plan that coordinates program evaluation and development activities of each component | X | | | X | | | |
| Conduct program evaluation of the component: Planning and Coordination | | X | | | | | X |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Planning and Coordination | | X | | | | | X |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Planning and Coordination | | X | | | | | X |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Service Delivery** | | | | | | | |
| * Identify continuum of least restrictive environments for service delivery | X | X | X | X | X | X | X |
| * Determine types (home/preschool; direct/consultation) and intensity of service delivery options to have available | X | X | X | X | X | X | X |
| * Determine who will be the service providers | X | X | X | X | X | X | X |
| * Develop an annual schedule that specifies starting and ending dates for the provision of services and is coordinated with other activities | X | X | X | X | X | X | X |
| Conduct program evaluation of the component: Service Delivery | | | | X | | | X |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Service Delivery | | | | X | | | X |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Service Delivery | | | | X | | | X |
| **Program Evaluation** | | | | | | | |
| EEE staff and Advisory Committee develop an initial, three-year, program evaluation plan for coordinating annual program evaluation plans | X | | | | | | |
| * EEE staff and Advisory Committee develop an annual program evaluation plan | X | X | X | X | X | X | X |
| Develop and implement evaluation procedures for examining the Program Philosophy and Policies and Planning and Coordination components | | X | | | | | |
| Develop and implement evaluation procedures for assessing the extent to which program practices incorporate philosophy and best practices | | X | X | | | | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| * Develop and implement evaluation procedures for examining the impact of the overall program upon children and families | | | X | X | X | X | X |
| * Develop and implement evaluation procedures for examining the long term impact of the overall program upon children and families | | | | X | X | X | X |
| * Develop and implement evaluation procedures for examining the impact of the overall program upon other program consumers and agencies | | | | X | X | X | X |
| EEE staff and Advisory Committee develop a three-year program evaluation plan for coordinating annual program evaluation plans | | | | X | | | |
| Conduct program evaluation of the component: Program Evaluation | | | | | | | X |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Program Evaluation | | | | | | | X |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Program Evaluation | | | | | | | X |
| **Community Awareness** | | | | | | | |
| Identify available services and programs for young children and families in community | X | | | | | | |
| Identify agencies to contact regarding program | X | | | | | | |
| Create plan for promoting community awareness: identify media and procedures | X | | | | | | |
| Conduct program evaluation of the component: Community Awareness | | | | | X | | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Community Awareness | | | | | X | | |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Community Awareness | | | | | X | | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Referral** | | | | | | | |
| Identify procedures for receiving and recording referrals | X | | | | | | |
| Identify decision rules for next steps after referral is received | X | | | | | | |
| Establish and maintain active referral network | X | | | | | | |
| Establish record-keeping system for individual and aggregate data | | X | | | | | |
| * Update referral sources | | | X | X | X | X | X |
| Conduct program evaluation of the component: Referral System | | | | | X | | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Referral System | | | | | X | | |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Referral System | | | | | X | | |
| **Screening** | | | | | | | |
| * Identify target population, areas and existing programs for screening | X | X | X | X | X | X | X |
| Determine screening instruments and administrators | X | | | | | | |
| * Develop plan for conducting screenings that identify sites, dates, and yearly schedule | X | X | X | X | X | X | X |
| Develop a public awareness campaign to inform parents of screening | X | | | | | | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| Develop procedures for conducting pre-screen planning and training | X | | | | | | |
| Identify method of data collection/record keeping to summarize information | X | | | | | | |
| Conduct program evaluation of the component: Screening | | | | | X | | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Screening | | | | | X | | |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Screening | | | | | X | | |
| **Comprehensive Evaluation Process** | | | | | | | |
| Determine assessment instruments, procedures and timelines for conducting comprehensive evaluations and re-evaluations | X | | | | | | |
| Determine instruments, procedures, and timelines for conducting annual assessments for developing IEPs | X | | | | | | |
| Conduct program evaluation of the component: Comprehensive Evaluation Process | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Comprehensive Evaluation | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Comprehensive Evaluation | | | | | | X | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Curriculum Planning** | | | | | | | |
| * Determine the necessary scope (domains) of the program curriculum in order to meet the needs of all children and families | X | X | X | X | X | X | X |
| Identify, modify, and use existing curricula for initial program implementation | X | | | | | | |
| Develop long range curriculum goals | | | X | | | | |
| Construct instructional skill sequences for long range goals by reviewing existing curriculum/assessment resources and conducting task analysis | | | | X | X | X | |
| Conduct program evaluation of the component: Curriculum Planning | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Curriculum Planning | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Curriculum Planning | | | | | | X | |
| **Individualized Education Program (IEP)** | | | | | | | |
| Develop procedures and formats for preparing staff and families for the IEP meeting | | X | | | | | |
| Develop agenda, procedures, and format for conducting IEP meetings | | X | | | | | |
| * Develop linkages among the program components of Comprehensive Evaluation and Curriculum Planning to facilitate the development of the IEP | | X | | | | | |
| Conduct program evaluation of the component: IEP | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: IEP | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: IEP | | | | | | X | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Related Services** | | | | | | | |
| Develop procedures for promoting the integrated delivery of related services | | X | | | | | |
| Conduct program evaluation of the component: Related Services | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Related Services | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Related Services | | | | | | X | |
| **Method of Instruction** | | | | | | | |
| Determine process/format for identifying instructional and management procedures for individual children | X | | | | | | |
| * Select/design appropriate activities and routines for implementing instructional plans in home, preschool, and/or community settings | | X | X | X | X | X | X |
| Conduct program evaluation of the component: Method of Instruction | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Method of Instruction | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Method of Instruction | | | | | | X | |
| **Monitoring Child Progress** | | | | | | | |
| Determine methods and schedules for recording, analyzing, and reporting child progress | | X | | | | | |
| Conduct annual reviews for IEP | | X | | | | | |
| Conduct program evaluation of the component: Monitoring Child Progress | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Monitoring Child Progress | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Monitoring Child Progress | | | | | | X | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Transition Planning** | | | | | | | |
| Establish transition planning committee of sending/receiving teachers, administrators, and parents to develop written transition procedures | | X | | | | | |
| Identify concerns, needs, and goals of Transition Planning Committee concerning the transition of children into or from EEE | | X | | | | | |
| Develop a system-wide process for transitioning children and families into or from EEE programs | | | X | | | | |
| Conduct program evaluation of the component: Transition Planning | | | | | | X | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Transition Planning | | | | | | X | |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Transition Planning | | | | | | X | |
| **Family Involvement** | | | | | | | |
| Develop/identify procedures for assessing the information, training, and support needs of families | X | | | | | | |
| * Develop/identify the information, training, and support resources needed for meeting the identified needs of families | X | X | X | X | X | X | X |
| Generate a "menu" of ways families could choose to be involved in their child's education and EEE program, and put into a survey format | X | | | | | | |
| Develop a procedure/system for promoting home-school communication and family involvement | X | | | | | | |
| Conduct program evaluation of the component: Family Involvement | | | | | X | | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Family Involvement | | | | | X | | |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Family Involvement | | | | | X | | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Staff** | | | | | | | |
| EEE Coordinator/Special Education Administrator identify staffing/teaming pattern or model that will be used by program | X | | | | | | |
| Write job descriptions that clearly delineate roles and responsibilities and incorporate program philosophies and policies | X | | | | | | |
| Develop criteria and procedures for screening, interviewing, choosing, and hiring new employees | X | | | | | | |
| * Determine caseload for each EEE staff person | X | X | X | X | X | X | X |
| Develop criteria and procedures for recruiting volunteers to assist in the program | | X | | | | | |
| Develop instruments, procedures, and timelines for conducting staff evaluations | | X | | | | | |
| Conduct program evaluation of the component: Staff (including evaluation of staff, staff job descriptions, and staffing patterns) | | | | | | | X |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Staff | | | | | | | X |
| EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Staff | | | | | | | X |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| | Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|---|
| | **Staff Development** | | | | | | | |
| | Identify competencies needed to perform each staff position | X | | | | | | |
| | Develop instruments and procedures for identifying skills that staff need to acquire | X | | | | | | |
| * | Organize school schedule to provide staff development days | X | X | X | X | X | X | X |
| | Develop procedures for helping staff access training & development inside and outside the district | | X | | | | | |
| * | Appoint EEE person to represent program on district inservice committee | | | X | X | X | X | X |
| | Conduct program evaluation of the component: Staff Development | | | | | | | X |
| | Based upon evaluation results, develop and implement a plan for developing/improving the component: Staff Development | | | | | | | X |
| | EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Staff Development | | | | | | | X |
| | **Interagency Collaboration** | | | | | | | |
| | Identify and establish network with community service agencies and resources | X | | | | | | |
| | Identify interagency efforts already in existence and identify needed interagency efforts to meet unmet needs of children and families | X | | | | | | |
| | Establish an interagency agreement with all agencies outlining roles, responsibilities, and procedures | X | | | | | | |
| | Conduct program evaluation of the component: Interagency Collaboration | | | | | X | | |
| | Based upon evaluation results, develop and implement a plan for developing/improving the component: Interagency Collaboration | | | | | X | | |
| | EEE staff and Advisory Committee generate program philosophy (goals), policies, and procedures for the component: Interagency Collaboration | | | | | X | | |

* = Activities that are conducted annually

# PROGRAM DEVELOPMENT ACTIVITIES

| Activity | Prior to Services/ Year 1 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|---|
| **Community Involvement** | | | | | | | |
| Clarify purposes/identify goals of community involvement | X | | | | | | |
| Identify methods for ongoing community awareness about the program | X | | | | | | |
| Identify advocacy activities to promote awareness/gain support | | | X | | | | |
| Conduct program evaluation of the component: Community Involvement | | | | | X | | |
| Based upon evaluation results, develop and implement a plan for developing/improving the component: Community Involvement | | | | | X | | |
| EEE staff and Advisory Committee generate program philosophy [goals], policies, and procedures for the component: Community Involvement | | | | | X | | |
| **Transportation** | | | | | | | |
| Develop transportation policies and procedures | X | | | | | | |
| Review policies/make recommendations for revisions | | X | | | | | |

* = Activities that are conducted annually

## Chapter 4: SERVICE DELIVERY

### DEFINITION

The service delivery system of an EEE program is the means by which educational and related services are provided to meet the individual needs of the children and families involved in the program. A comprehensive service delivery system should offer an array of service delivery options.

### RATIONALE

Establishing a service delivery system that is able to provide a comprehensive array of services in the least restrictive environment insures that the EEE program has the flexibility it needs to meet the needs and characteristics of each and every child and family served.

### GUIDELINES

The intent of this chapter is to assist Essential Early Education programs to address two interrelated tasks: 1) the development of service delivery options for providing educational and related services; and 2) the determination of the most appropriate service delivery options for individual children and their families.

#### Developing a Comprehensive Service Delivery System (CSDS)

The needs of children and families typically served by EEE programs vary considerably from one family to the next and often change over time. Consequently, the CSDS of an EEE program needs to be flexible and adaptable enough to respond to the diverse needs of its children and families. It should include an array rather than one or two service options. Service delivery options in EEE vary along four dimensions: 1) who directly and indirectly receives services; 2) where services are provided; 3) what types and intensity of services are offered; and 4) who provides the services. Determining the appropriate service options to have available requires the consideration of four important variables.

These four variables are:

1. the general program philosophy and goals as developed and shared by the program's stakeholders;
2. the diverse and unique characteristics and needs of the general population served by an EEE program;
3. the law, particularly as it relates to providing services which meet the individual needs of each and every child in the least restrictive environment; and
4. the resources and services that are available and accessible to an EEE program.

One major issue surrounding the appropriate placement of young children with handicaps is their access to the least restrictive environment. According to P.L. 94-142, once a public agency decides to provide special education services to young children with handicaps in the three-to-five year age group, those children (and their families) are entitled to all the rights under P.L. 94-142 including the right to be educated in the least restrictive environment. The intent of P.L. 94-142 is to place young children with handicaps in educational environments that provide them with maximal opportunity to interact with their nonhandicapped peers as well as to benefit educationally from the placement. The goal should be to place young children with handicaps in programs as normalized as possible and provide them with an appropriate instructional program (Bricker, 1986 p. 120).

Tables 1 and 2 present the components of a comprehensive service delivery system and the variables to which an EEE program should attend in developing the CSDS, respectively. What follows is a discussion of potential service delivery options and guidelines for determining the most appropriate combination of options.

## Who receives EEE services

Historically, the primary recipients of educational and related services offered by EEE programs have been the young children enrolled in the program. However, two trends in the field of early childhood special education have altered this situation. First, there has been increased recognition of the important role of the family in a child's development. Secondly, there is a dramatic increase in the number of children in community early education settings (e.g., child care, nursery schools). The influence of these two trends upon early

## TABLE 1

### Components of an EEE Service Delivery Model

Who Receives Services

- Child
- Family
- Caregivers
- Significant Others

Types of Service

- Direct Instruction
- Consultation and Training
- Related Services (OT, PT, etc.)
- Information and Referral Support

Service Sites

- Home
- Child Care/Preschool
- EEE center-based program
- Community

Who Provides Services

- EEE Staff
  - Family
- Caregivers
- Personnel from other agencies involved with the child and family
- Significant Others

## TABLE 2

### Variables Which Impact Upon Service Delivery Model Development

General Program Goals

- maximize development
- independent functioning
- successful transition to kindergarten
- positive self-concept
- etc.

Law

- free and appropriate education
- least restrictive environment
- individualized educational services

General Population Needs/ Characteristics

Child:
- Age
- Type and severity of handicap
- Settings in which he/she participates

Family:
- knowledge of caregiving
- information
- training
- support

Available Resources/Geography

EEE Programs and Personnel
Child cares/Preschools
- Headstart, Early Compensatory Education
- Family Support Services
- etc.

childhood special education has been the recognition that the child should not be the sole direct recipient of EEE services. Instead, family members and "significant others" actively involved in a child's life need to be included as direct or indirect recipients of services. Providing support to this expanded circle of individuals acknowledges the importance of maintaining a child's successful participation in the least restrictive environment of home and community child care settings.

### Providing an array of service delivery sites

As was suggested earlier, EEE services should be provided in an environment that is not only least restrictive, but also maximizes the child's potential for development. EEE programs typically have provided services in only two settings: a center-based program and the child's home. However, given the increasing number of available child care and preschool programs and the increasing number of children participating, EEE programs need to include these settings as potential service sites. Advantages for including these three types of sites in an EEE program's overall CSDS and considerations for choosing among them for individual children are offered in Table 3.

### Types and intensity of services provided

The types and intensity of services offered by an EEE program should reflect the needs of the children enrolled in the program. Specific educational and related services may be delivered to a child to ameliorate developmental delays and increase independent functioning. The needs of the child also may be addressed indirectly through direct services to family members and significant others (i.e., child care providers). An EEE program may provide services to facilitate a child's participation in a desired setting by providing the individuals in the setting with:

1. Information regarding other service agencies and community resources which they may wish to use to support themselves or the child (e.g., respite care services).

2. Consultation, technical assistance, and training to enable others (e.g., child's family, professional caregivers, early childhood teachers) to provide appropriate educational services to the child.

## TABLE 3

## Advantages and Program Considerations of Providing Services in Center, Home and Child Care Settings

| | Advantages | Considerations |
|---|---|---|
| Home | 1. The home exists as a critical, least restrictive environment in which "functional" skills can be readily taught. | 1. Generally, the child's parents are also his/her teachers. Information and training may be needed (e.g., through presentation, modeling, practice and feedback) in order for the family to carry out educational programs. |
| | 2. Learned skills will more likely generalize and be maintained if taught in the home (by family members). | 2. There may be stressful events occurring in the child's home that preclude incorporating educational programs into this setting. The provision of information and support services instead of consultative services may be the most viable approach. |
| | 3. For rural and resource-poor areas, the home setting exists as the primary (and only) critical setting during the early childhood years. | 3. Visitation schedules in home-based programs depend upon the intensity of services needed by the child and family. A minimum of one hour visitation per week should be scheduled. If the child is home all of the time, s/he may not receive the socialization experience needed as s/he grows older and prepares for entrance into kindergarten. |
| Center | 1. Provides the child with opportunities to learn important "school" skills. | 1. Transportation may be costly or unavailable. |
| | 2. Provides the older preschooler with opportunities to socially interact with his/her peers. | 2. An EEE center-based program may be a "restrictive" setting if only handicapped children are served. |
| | 3. It may be easier to provide a wide range of services or more intensive services. | 3. Generalization of skills learned at the center needs to be planned for. |
| | 4. Children have a chance to learn to interact with adults other than their parents. | 4. If the EEE program is primarily "center-based", knowledge and involvement in the other less restrictive settings in which the child participates may be weak. Consequently, the skills taught may not be funtional for the child; or, if they are, do not generalize. |
| Child Care and Preschool Settings | 1. Providing services at these sites, will potentially carry all of the advantages listed above for the home and center sites. | 1. The "significant others" in these settings may have limited time or skills to provide appropriate interventions. They may need appropriate resources and consultation to intervene correctly. |
| | 2. Child care and preschool programs provide "least restrictive" models of appropriate early education services and the critical skills needed to participate in these settings. | 2. Information and training may be necessary for a child to be "accepted" by his/her peers and their families. |
| | 3. The child may more likely be accepted by the broader community if s/he is in a "typical" setting. | 3. The child's family may need to be "prepared" for their child's placement in this setting. |
| | 4. There are potential benefits for the nonhandicapped children and their parents. | |

3. Casemanagement services when a number of different agencies are involved with a family. This insures that services are well planned, coordinated, and implemented in a smooth and non-fragmented fashion.

4. Direct assistance in coping with stressful events and meeting personal needs, so that the quality and quantity of interactions with the child may be enhanced.

**Who provides services**

Once the three dimensions discussed above have been addressed for an individual child, the personnel who will actually provide the services may be determined. While the EEE program is ultimately responsible for meeting educational needs of young children, this in no way means that the program's staff are the only ones who could or should provide direct educational and related services to children. Nor does it mean that the EEE program is the only agency which can provide services. Family members, professional caregivers, other early childhood professionals, and other agency personnel are all potential providers of specific services. The degree to which particular individuals or agencies do in fact assist in providing services will depend upon their resources, skills, and availability. EEE staff need to assume case management and consultant roles when individuals other than EEE staff provide services in order to ensure that the services are being coordinated appropriately.

### Guidelines for Determining Appropriate Service Delivery Options for Individual Children

When an EEE program establishes an overall CSDS, it assures the availability of a variety of service delivery options for children and families. Given its CSDS, an EEE program also needs a decision making framework for selecting those service options which are most appropriate for an individual child and family. These decisions will be made as part of the Individual Education Plan (IEP) development process. Such a decision-making framework is presented in Figure 1. As Figure 1 illustrates, an initial question to be answered in the decision-making process is, "Does the child need direct services?". Generally the child is determined to need direct educational and related services to remediate existing delays or to address educational concerns. Given the need for direct services, the next question is, "Where can each of these services best be delivered?". It should be noted that for most of the potential settings identified in Figure 1, individuals other than EEE personnel are actively involved with the child. Given the involvement of these individuals, the third question in the decision matrix is, "Who will deliver the services in each setting?". If individuals other than EEE staff are involved in the implementation of portions of the IEP, it is the responsibility of the EEE teacher to train, support and monitor these individuals in their delivery of services. The last question in this series, then, is, "What type and intensity of support (e.g., training, consultation, technical assistance, monitoring) is needed from EEE staff?".

This decision-making process also focuses upon the need for EEE programs to provide services to a child's family and caregivers as well as to the child. Therefore, parallel to the series of questions regarding the child's direct service needs is a series regarding the family's needs. Whether an EEE program chooses to use this particular decision matrix to determine how it will serve a student is unimportant as long as the decision-making process clarifies **who is to deliver** and **who is to receive** services and **where** and **what type** of services are to be offered.

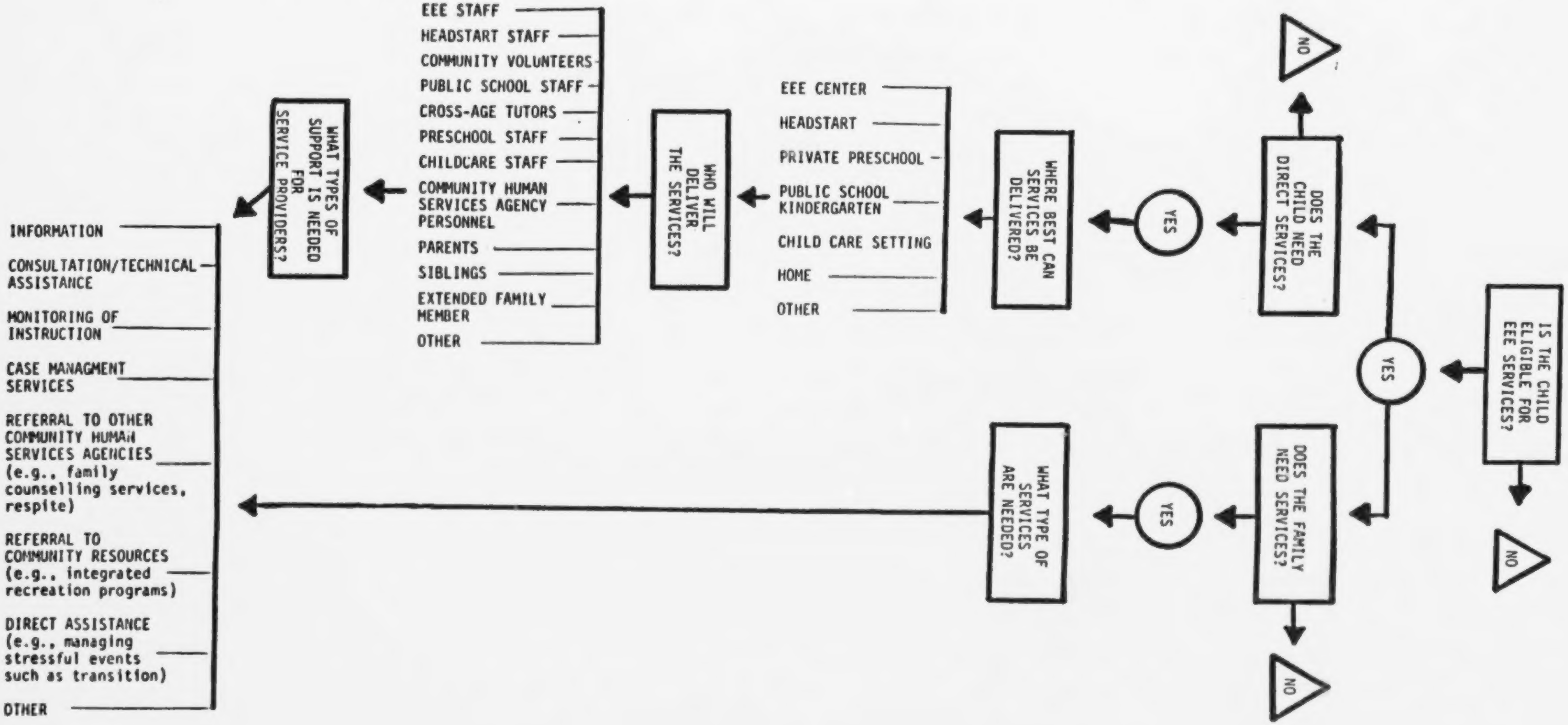
IS THE CHILD ELIGIBLE FOR EEE SERVICES?
NO
YES
DOES THE CHILD NEED DIRECT SERVICES?
NO
YES
WHERE BEST CAN SERVICES BE DELIVERED?
EEE CENTER
HEADSTART
PRIVATE PRESCHOOL
PUBLIC SCHOOL KINDERGARTEN
CHILD CARE SETTING
HOME
OTHER
WHO WILL DELIVER THE SERVICES?
EEE STAFF
HEADSTART STAFF
COMMUNITY VOLUNTEERS
PUBLIC SCHOOL STAFF
CROSS-AGE TUTORS
PRESCHOOL STAFF
CHILDCARE STAFF
COMMUNITY HUMAN SERVICES AGENCY PERSONNEL
PARENTS
SIBLINGS
EXTENDED FAMILY MEMBER
OTHER
WHAT TYPES OF SUPPORT IS NEEDED FOR SERVICE PROVIDERS?
DOES THE FAMILY NEED SERVICES?
NO
YES
WHAT TYPE OF SERVICES ARE NEEDED?
INFORMATION
CONSULTATION/TECHNICAL ASSISTANCE
MONITORING OF INSTRUCTION
CASE MANAGMENT SERVICES
REFERRAL TO OTHER COMMUNITY HUMAN SERVICES AGENCIES (e.g., family counselling services, respite)
REFERRAL TO COMMUNITY RESOURCES (e.g., integrated recreation programs)
DIRECT ASSISTANCE (e.g., managing stressful events such as transition)
OTHER

FIGURE 1

A Decision-Making Process for Determining the Most Appropriate Service Delivery Model for an Individual Student

# Chapter 5: PROGRAM EVALUATION

## DEFINITION

Program evaluation refers to the ongoing, systematic assessment of the quality and impact of all program components, including the provision of services to young children with handicaps and their families, and using the information gathered for making decisions concerning program improvement and program merit.

## RATIONALE

Information collected for program evaluation purposes provides documentation of the strengths and needs of the program and the efficacy of the service delivery system and intervention efforts espoused by the program. Such information can contribute to decisions relating to program development, continuation, expansion, endorsement, modification, and replication. Further, evaluation information can foster a greater understanding of related educational, psychological, social or other processes that may lead to more effective programs.

## GUIDELINES

Most Essential Early Educators would agree that program evaluation is important to the future of early childhood special education. Despite this agreement, relatively few programs are engaged in planned, systematic evaluation that measures aspects of program implementation and relates the resulting information to the overall programmatic impact (Wang & Ellett, 1982). Program evaluation is essential to a program's survival because it provides evidence:

1. that programs are in legal compliance with local, state, and federal regulations,

2. that programs are engaged in best educational practices,

3. that children and families are benefiting as a result of the program's practices.

The guidelines that follow emphasize the need for careful planning of the program's evaluation, and the development of a written program evaluation plan. Suarez (1982) has identified a number of reasons why program evaluation should be systematically planned. First, planning ensures a direction or focus for the many evaluation activities that will take place. Prior planning of specific evaluation strategies will result in the collection of the needed key pieces of information. A second reason for planning is related to increased efficiency. Planning promotes the most efficacious use of time, effort, and resources needed for conducting the evaluation. The third reason for planning evaluations is that they allow program advisory council members, staff, and others interested in the program, to participate in the evaluation process. Inclusion of advisory council members and other stakeholders in the planning process ensures a broad range of perspectives, and the creation of a thorough plan. In addition, if staff and other stakeholders assist in data collection, their early participation could result in a long-term benefit to the process.

Developing a written program evaluation plan is strongly recommended for two reasons. First, the plan will serve as a communication device which informs various audiences of the intent(s) of the evaluation. Second, a written plan also will serve as a management tool which clearly identifies roles, responsibilities, and timelines for implementing and monitoring the plan.

The chapter will present a framework and guidelines for developing a written program evaluation plan. The framework has been adapted from Suarez (1982), and includes the following components: 1) **Evaluation Focus(es)**, 2) **Evaluation Design**, and 3) **Communication and Utilization of Evaluation Results**. A sample program evaluation plan may be found at the end of the chapter.

### Evaluation Focus(es)

The first component and step in developing a written program evaluation plan is to determine the focus or focuses of the evaluation. Determining the focus of a program evaluation involves decision-making regarding: 1) the purpose of the evaluation, 2) the information needs of the program's audience(s) or consumers, and 3) the particular program components that warrant evaluation (Smith, 1986; Suarez, 1982). It is recommended that the focus(es) of the program evaluation be determined by program staff in cooperation with the program's Advisory Council. In addition, individuals from other EEE programs, the State EEE Consultant, and outside "experts" may be included to ensure broad representation and the necessary expertise.

## Determining the purpose of the evaluation

There are a number of purposes for conducting an evaluation of an EEE program, including: development, continuation, expansion, endorsement, modification, and/or replication of the program. Determining the evaluation purpose is important for two reasons: 1) it ensures that there is a need for program evaluation to occur, and 2) it determines the type of information that will need to be collected and analyzed. What follows is a brief explanation of the various purposes for conducting a program evaluation, including the type of information that might need to be collected.

Program evaluation may need to occur for the purpose of **program development.** New or relatively "young" EEE programs may utilize the evaluation to assist in the development of particular program components and services (e.g., family involvement) that have not been adequately addressed by program staff; and to assist staff in altering the program into new directions. Information describing the population to be served and their service needs, the overall program philosophy and program policies, as well as current program practices and their impact would be useful for this evaluation focus.

Program evaluation for the purpose of **program improvement or modification** provides information that is useful for solving problems, refining program operations, modifying the program in response to changing needs, or meeting an imposed requirement (Smith, 1986). A combination of descriptions of program practices and outcome information would be most useful for this type of evaluation. Such data would offer documentation of the degree to which various program features are implemented and their resultant outcomes (Wang and Ellett, 1982). This type of evaluation yields information about how closely the program is moving toward achieving its goals and provides the basis for decisions about program areas which need modification or additional emphasis.

Program evaluation for the purpose of **program replication** provides evidence documenting the effectiveness of program components and practices, and assists in making decisions concerning the continued performance or replication of those practices. This type of evaluation examines program-specific characteristics, the context in which the program was implemented and evaluated, and the relative impact and outcome data. Such information is crucial for identifying programs that are most effective in achieving outcomes and most implementable in terms of evaluative criteria and educational contexts.

Program evaluation for the purpose of **continuation and endorsement** may occur for a number of reasons: to assess the quality of what the program has accomplished, to assure the community of program quality, and/or to justify continuation of particular program practices from the perspective of school administrators and governmental decision-makers (Smith, 1986). The information gathered may describe the program's services, service recipients, costs, and/or impact upon educational environments, service providers, children, families and the community.

The literature typically categorizes the purposes for conducting program evaluations into four classes: formative, summative, process, and outcome evaluations (Loucks-Horsley, S., Harding, C., Arbuckle, M., Murray, L., Dubea, C., & Williams, M., 1987). Formative evaluations are conducted for the purpose of developing or improving a program. Summative evaluations occur for the purpose of summarizing a program's major activities and outcomes in order to make judgements about their adequacy or worth. Process evaluations are generally concerned with examining the program's practices and procedures to determine if they are being carried out as planned or desired. Outcome evaluations are concerned with assessing the impact or effect of the program's practices.

The various purposes for conducting program evaluation outlined above are not mutually exclusive; and, an evaluation of a particular program component may occur for more than one purpose. Time and resources are the primary barriers which delimit the breadth of a single evaluation effort. Evaluators, therefore, must have a clear picture of the intentions of the evaluation so that the appropriate evaluation questions can be formulated and adequate resources can be allocated to the evaluation effort.

### Identifying audiences and their specific information needs.

The evaluation must be useful to the audiences for whom they are intended. For example, an evaluation of a program's Child Find might need to occur for a number of purposes depending upon the audience. Program staff may be particularly interested in gathering information for the purpose of program improvement. Program administrators may be more interested in information that justifies the associated expenses of advertising, travel, and refreshments. The school board may be particularly interested in the visibility of the program as a service to the community. Therefore, it is important to identify target audiences early in the evaluation planning process. Potential audiences include:

1. families
2. program staff
3. administrators
4. staffs of similar/related programs
5. other professionals in the same/related fields
6. potential sponsors
7. potential adopters
8. potential advocates
9. general community
10. governmental and other policy makers

Once the target audiences are identified, the range of evaluation focuses can be generated and prioritized. A needs assessment designed to target the specific interest of the target audience is one way to identify the appropriate evaluation focuses. The program staff, with input from the Advisory Council, can then prioritize the focuses into a manageable number.

### Identifying key program components

An additional step in determining the evaluation focus is to identify the particular program components that will be examined. Key program components include:

1. Overall Program Development:
    - a) Program Philosophy, Policies, and Procedures,
    - b) Service Delivery
    - c) Program Evaluation Process

2) Child Find and Identification:
    - a) Community Awareness,
    - b) The Screening System,
    - c) The Referral System,

3) The Assessment Process:

4) Instructional Planning:
    - a) The IEP Process,
    - b) Curriculum Planning,
    - c) Methods of Instruction,
    - d) The Monitoring System,
    - e) Transition Planning,
    - f) Related Services,

5) Family Involvement:

6) Staff and Staff Development:

7) Community Relations:
    - a) Community and Advocacy Groups
    - b) Interagency Collaboration

8) Other Program Administrative Considerations:
    - a) Physical Space
    - b) Transportation
    - c) Fiscal Management

Once the audiences, program components, and evaluation purposes have been identified and prioritized, program staff are able to specify the evaluation focus(es). Suarez (1982) recommends summarizing the focus(es) into statements of intent:

> "It is the purpose of this evaluation to ______________
> (why it is being done) by providing information regarding
> ____________________ (key components and audience needs)
> to ______________ (audiences) (p. 210)

For example, a statement of intent might read: "The purpose of this evaluation is to improve and replicate the EEE program's Transition component by providing information regarding the quality and impact of the programs's transition practices to the EEE staff, receiving school personnel, Special Education Administrator, and Advisory Council members."

### Evaluation Design

After determining the focus(es) of the program's proposed evaluation efforts, the program evaluation must be designed. Specifically, the evaluation design includes: 1) evaluation questions, 2) methods and data collection procedures, and 3) individual responsibilities and timelines for implementing the design.

### Formulating evaluation questions

The program evaluation focus provides and communicates a general direction for the evaluators' efforts. The evaluation asks specifically "What information will the evaluation seek to provide." (p. 211, Suarez, 1982). For example, an evaluation focus or statement of intent "to assess and improve the program by providing information regarding the quality and impact of the program's Community Awareness (Child Find) procedures to the EEE program's staff and Special Education Administrator," may generate the following evaluation questions: 1) What are the program's current practices for promoting Community Awareness? 2) Do the current procedures reflect best practices? 3) How useful and effective are the program practices for increasing program awareness among local and regional agencies? 4) What percentage of the preschool population are being located for screening? 5) What are the barriers and facilitators for improving the program's Community Awareness practices?

It is recommended that the program staff be involved in generating the evaluation questions. Initially, a large number of evaluation questions should be formulated. This initial list of questions then may be edited to respond to priority areas and audience concerns (Loucks-Horsley et al., 1987). Advisory council members and others outside of the program should review the evaluation questions to insure that issues and concerns of each target audience are addressed.

Linder (1983) provides several examples of evaluation questions for select audiences. Shadish (1986) presents six different types of evaluation questions. These question types and example questions are presented in Table 1 below. Wolery and Bailey (1984) pose several broad yet critical questions regarding the qualities of service provision that early childhood programs should ask on an ongoing basis to justify their

**Table 1**

**Types and Examples of Evaluation Questions (adapted from Shadish, 1986, p. 167)**

| Question Types | Examples |
|---|---|
| Audience | Who should be receiving the services that the program offers?<br>Who is receiving services from the program? |
| Implementation | What is the type and frequency of services provided by the program?<br>Who are the service providers?<br>Do the program services reflect the program's goals, community needs, and best practices? |
| Effect | What effects, intended or not, does the program have on the children and families?<br>Do program affects address the needs of the children and families and program goals? |
| Impact | Who besides the service recipients themselves are affected by the program (e.g., extended family)?<br>Does this program impact upon the other agencies and programs that exist in the community? |
| Cost | How much does it cost to provide the services or engage in other program activities?<br>Is this program cost-beneficial, or cost-effective? |
| Causal Process | Are the identified effects and impacts due to particular program practices? |

continued existence (refer to Wolery and Bailey, 1984 for ideas and strategies for answering each question):

1) Can the program demonstrate that a system is in place for determining the relative adequacy of child progress and service delivery?

2) Can the program demonstrate that it carefully monitors child and family progress and is sensitive to points at which changes in service need to be made?

3) Can the program demonstrate that the methods, the materials, and the overall service delivery system are in accordance with the children and families it serves?

4) Can the program demonstrate that the methods, materials, and overall service delivery system represent best educational practices?

5) Can the program demonstrate that it is moving toward accomplishing its goals and objectives?

6) Can the program demonstrate that the methods espoused in its philosophy are implemented accurately and consistently? (p. 28-29)

### Establishing data collection procedures

Once the questions are generated, clarified, prioritized, and agreed upon, potential information sources, data collection instruments, and methods for data gathering need to be generated for each evaluation question (Loucks-Horsley et al., 1987). The data collection methods employed will be determined by the questions, audiences, and information sources addressed in the evaluation. Although costly in terms of time, the use of multiple information sources and data collection methods increases the likelihood that the information yielded will be accurate.

Shadish (1986), Smith (1986), and Suarez (1982) list a number of methods and data collection procedures for answering evaluation questions. Methods include surveys, structured or unstructured interviews, pre- and post-testing, questionnaires, observation, case studies, descriptions of program practices and outcomes, and statistical designs. Suarez (1982) presents five general criteria for selecting instruments/procedures:

1. The content of the data collection instrument/procedure should match the content and intents of the program being evaluated.

2. The content of the data collection instrument/procedure should provide an appropriate answer to the evaluation question being asked.

3. Instruments/procedures should be selected that are sufficiently sensitive to change in behavior that are of interest.

4. The instruments/procedures should provide reliable and valid information.

5. Instruments/procedures chosen should be feasible in terms of: 1) staff expertise in administration, 2) planning, 3) administration time, and 4) resources (personnel, time, and money) available to gather the data. (pp. 203-204)

While the use of existing data collection instruments is recommended, it is not necessary to use "established " instruments for every aspect of evaluation. Instruments may need to be constructed by program staff to obtain information that is unique to the evaluation needs of the program. The development of instruments to evaluate specific staff development activities is a common programmatic practice. Questionnaires, assessments, rating scales, checklists, interviews, behavior logs, anecdotal recording systems, inventories, and observations are frequently used for data collection.

The structured interview method is most useful in gathering information for assessing the quality of program implementation and tracking a program's progress from an immature to a mature state. In a structured interview, parents might be interviewed several times throughout the year and asked about their satisfaction with program services and any changes in their child's behavior that they attribute to the program.

Direct assessments and parent reports of child progress are needed to determine program effectiveness in terms of overall gains made by children participating in the program. Both individual child and group data may be examined. Bagnato and Neisworth (1980) and Wolery (1983) present two formulas for computing program impact upon children. Both formulas are based upon pre/post testing of the child's level of developmental functioning.

Questionnaires may be used to gain information about attitudinal changes of participating individuals. For instance, a questionnaire may be formulated to determine if other agencies are satisfied with their level of collaboration with the program. The **Instrument for Assessing Quality Indicators** may be a used as a questionnaire for evaluating an EEE program's implementation of "state of the art" educational practices. This particular instrument provides information concerning both the importance of certain program practices and the degree to which the practices are implemented. Program areas needing improvement can be targeted by identifying "important" practices that are not implemented to a satisfactory degree.

There are other less formal activities that also may yield important evaluation information. For example, notes from team meetings may help provide information regarding how closely program activities are matching philosophy and goals. A suggestion box may provide information regarding how the program is implemented that could increase staff or consumer satisfaction with the program. Program staff should be encouraged to be creative in how they choose to collect data. Peterson and Meier (1987) identify a number of potential data collection and evaluation strategies.

### Identifying individual responsibilities and timelines

The next step in the program evaluation process is to identify who will carry out the data collection procedures and to associate timelines. Again, it is highly recommended that programs collaborate with the advisory council for completing this step.

There are a number of individuals who may be involved in carrying out the data collection activities. Individuals with a vested interested in the EEE program, including program staff, families, administrators, and other stakeholders, should be involved in collecting and providing the evaluation information. In addition, individuals from outside of the program, including external consultants or "experts," Essential Early Educators and related professionals from other programs, and the Vermont EEE State Consultant also may be involved. It is recommended that individuals both within and outside the EEE program be involved in the evaluation process. Regardless of who carries out the data collection strategies, it is essential to clarify their roles and responsibilities.

A timeline or schedule for carrying out the data collection activities also should be determined. There are a number of considerations for determining appropriate timelines. First, integrate the evaluation activities into the overall schedule for program development and implementation. For example, the evaluation of the program's "child find" component should follow soon after actual child find activities. Second, implement formative evaluation activities that provide information concerning potential needed program changes early in the school year. This will enable the program to make improvements during the school year rather than waiting until the following school year (Linder, 1983). Third, schedule an overall review of all of the data collected in the spring of each year. This will facilitate program development/improvement for the following year. Fourth, review the progress of program development and improvement activities at the beginning of the following school year (in August or September). This will ensure that the evaluation information is being appropriately applied. Finally, periodically monitor the implementation of the evaluation plan to determine if, in fact, the evaluation activities are occurring and if they are occurring on schedule. An evaluation plan is useless if it is not fully implemented.

### Using and Communicating the Evaluation Results

The final component of an evaluation plan involves what happens to the data after it has been collected and analyzed. How this information is used depends upon the original purpose(s) of the evaluation. For example, if the program's curriculum were evaluated for the purpose of program continuation and endorsement, then results that highlight the impact of the curriculum upon children and families may be communicated to the local school board.

It is recommended that an evaluation report be written as soon as possible after the data have been collected and analyzed. The report should briefly summarize the evaluation questions and pertinent data, and present an analysis of the data in the form of "answers" to each evaluation question. If the evaluation questions were not sufficiently answered by the data, the program's staff and advisory council should meet to identify alternative methods and timelines for re-examining the questions. The report also should include all important unanticipated results.

The results of the program evaluation should be shared with the program's Advisory Council in the form of a written evaluation report. The program staff, with input from members of the Advisory Council, then may make decisions as to how evaluation results can best be used and communicated. Decisions regarding specific programmatic changes (i.e., program development or modification) should be made based upon the data and the program's procedures for planning and coordination. For example, if the evaluation data indicate that not all community agencies are actively referring children to the EEE program due to their misunderstanding of which children are eligible for services, then a plan may be developed for EEE staff to meet with those agencies to discuss eligibility guidelines.

How evaluation results are communicated is a decision which must be based not only upon the results, but an analysis of the information needs and skill levels of the audiences. The communication format and content likely will vary for different audiences. Newsletters, reports, information packets, abstracts, meeting presentations, slide tape shows, consultations, and public media are a few of the possible communication methods available. For example, evaluation data offering "program support" information, may be packaged as a slide show and presentation with simple graphs illustrating the program's impact and benefits.

## GENERAL PROGRAM EVALUATION RECOMMENDATIONS

Program evaluation is critical to the future development, expansion, modification, and support of EEE programs. There is, unfortunately, no single or simple method for evaluating program implementation and outcomes. This chapter has offered one possible framework for planning and utilizing program evaluation efforts.

One of the more significant barriers to establishing an ongoing program evaluation process is the time and energy required of program staff to conduct such an enormous task. It is impossible, with existing program resources, to systematically evaluate all components and aspects of an EEE program within a single year. Instead, comprehensive program evaluation needs to occur in a coordinated fashion over several years. The following recommendations attempt to break this complex task down into manageable activities and to present a workable timeframe. It is recommended that:

1. Program staff, with input from the program's Advisory Council, develop long-term (e.g., three year) program evaluation plans. The plans should identify program evaluation focuses and yearly timelines.

2. The long term and yearly evaluation plans are developed and implemented concurrently with ongoing program development/improvement activities. This coordinated planning will ensure the incorporation of the program's goals, objectives, and philosophy into the program development and evaluation plans.

3. Formative/process evaluations of program components are emphasized during the initial years. This emphasis recognizes the need for programs to initially concentrate upon implementing practices that reflect program philosophy, legal standards, and best practices. Later efforts may then include evaluating program outcomes or impact.

4. Program staff and the Advisory Council address the following, suggested focuses and timelines in developing an initial, three-year, program evaluation plan. The overall purpose of the initial program evaluation plan is to develop, implement, and refine instruments and procedures for carrying out various program evaluation activities.

    a. First Year Focuses: The evaluation/development of the program components "Program Philosophy and Policies" and "Planning and Coordination." The program's philosophy and system for planning and coordination provide the bases and procedures for the implementation of all other program components. An additional evaluation focus for the first year should be the degree to which program practices incorporate the program's philosophy and general policies, and demonstrate best practices.

    b. Second Year Focuses: Continue and complete the first year efforts of evaluating program practices; and, begin evaluating the overall program impact upon the children and families.

c. Third Year Focuses: Continue evaluating program impact upon children and families; begin evaluating program impact upon other program consumers, including administrators, school board members, and community agencies; and, begin evaluating long term program impact upon children and families who are exiting the EEE program and entering school-age programs.

5. Program staff and the Advisory Council, in developing succeeding three-year program evaluation plans, address the following considerations:

   a. Each and every program component is evaluated at least once during the three year period. For example, if there are 24 program components, a three-year plan may be developed for evaluating eight components each year.

   b. Evaluation questions and activities focus upon both the implementation and impact of each program component. For example, assessment of the program component, Staff Development, should include measures of both "staff satisfaction" (implementation) and "staff performance" (impact).

   c. The evaluation of overall program impact upon children and their families occurs each and every year. The impact of the program upon the community may occur less often (e.g., once every three years).

SAMPLE EVALUATION PLAN

Focus: Staff/Staff Development

| EVALUATION INTENT | EVALUATION QUESTIONS | RESPONSIBLE PERSON | ASSESSMENT INSTRUMENT/ PROCEDURES | DERIVED MEASURES | DATA COLLECTION TIMELINES | USE OF EVALUATION RESULTS |
|---|---|---|---|---|---|---|
| The purpose of this evaluation is to assess and improve the quality and impact of the program's staff and staff development policies and procedures. Evaluation data will be shared with program staff, the Special Education Administrator, and the Advisory Board. | 1) Have job descriptions been written which identify desired skills, responsibilities, background and experiences? | Sp. Ed. Adm.<br>EEE Coord. | Documentation of staff job descriptions | Descriptive information | August | Change/maintain roles and responsibilities required by staff |
| | 2) Are individuals hired who have the philosophy and competencies needed by program staff? | Sp. Ed. Adm.<br>EEE Coord. | a) Written criteria used for selecting staff<br>b) Strengths and weaknesses of job applicants | Number of strengths related to criteria | By Oct. 1 | Change/maintain criteria for hiring staff |
| | 3) What are individual training needs of program staff? | EEE Coord. & Staff | Staff training needs assessment and documentation of individual staff training objectives and plans | List of individual training objectives and plans | By Nov. 1 | Change/maintain staff development process |
| | 4) What are the overall training needs of program staff? | EEE Coord. | Staff training needs assessment | Rank order | By Sept. 15th | Change/maintain staff development process |
| | 5) What inservice training and technical assistance activities were provided to meet the staff needs? | Sp. Ed. Adm.<br>EEE Coord. | Description of training activities | Descriptive information | After each inservice training workshop | Change/maintain staff development process |
| | 6) Have all the inservice training activities been effective? | Sp. Ed. Adm.<br>EEE Coord. | Evaluation survey of inservice training workshop regarding:<br>a) content organization, presentation;<br>b) acquisition of knowledge | Rating<br>Rating | After each inservice training workshop | Change/maintain staff development process |
| | 7) Does the staff development plan adequately address both group and individual training needs? | EEE Coord. & Staff | Evaluation survey, documentation of individual accomplishments | % of objectives achieved | By June 15th | Change/maintain staff development process; justify continuation of staff development activities |

# Section II: CHILD FIND AND IDENTIFICATION

## DEFINITION

Child Find and Identification is a process of seeking out preschool aged children within a school district who may be in need of special educational services.

## RATIONALE

Before special services can be provided, children who may be in need of these services must be identified.

## REGULATIONS

### State Regulations

### Section 2365.8.5 Process For Identification and Evaluation

Each Essential Early Education program shall institute a comprehensive identification that shall include an educational evaluation, a vision and hearing examination, a medical history and steps to follow through recommendations in each area through a plan for services.

There shall be a plan to screen all children from 3 to 5 1/2 years of age in the school districts served by the program. Criteria listed in Section 2365.8.2 (Eligibility and Placement) shall apply. See also Section 2363.1.1 of the General Program Requirements.

A procedure shall be developed for contacting all parents of children up to three years of age to inform them of special services for preschool handicapped pupils for providing free screening and consultation, and for obtaining referrals from health and mental health agencies and private physicians in the area.

### Section 2365.8.6 Community Involvement

In those communities with an Essential Early Education program, the superintendent or a designee shall develop a plan to obtain community involvement in the following areas:

1) coordination of community agencies for preschool programs and services;
2) community support and awareness;
3) involvement of parents;
4) involvement of area pediatricians and physicians.

## Federal Law P.L. 94-142

### Section 300.128 Identification, location and evaluation of handicapped children.

(a) General requirement. Each annual program plan must include in detail the policies and procedures which the state will undertake or has undertaken to insure that:

(1) All children who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located, and evaluated.

(2) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services.

Comment (included in the regulation). The State is responsible for insuring that all handicapped children are identified, located, and evaluated, including children in all public and private agencies and institutions in the State. Collection and use of data are subject to the confidentiality requirements in 300.560-300.576.

## Federal Law P.L. 98-199 (the 1985 amendment to P.L. 94-142)

### Section 612 (C) Eligibility

"Each application must include procedures which insure that all children residing in the state who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located, and evaluated, and that a practical method is developed and implemented to determine which children are currently receiving needed special education and related services and which children are not currently receiving special education and related services."

### Comment Regarding Regulations

According to P.L. 94-142 and P.L. 98-199, the state must provide evidence that a "child find system" has been established to identify, locate and evaluate **ALL** handicapped children from birth to twenty-one. The reason for mandating child find activities from birth, even though the provision of an education is not mandated until the child reaches legal school age, is to enable states to be aware of and plan for younger children who may require special education and related services.

## GUIDELINES

As stated in the above regulations, all supervisory unions in Vermont, regardless of whether or not they have an EEE program, must establish child find procedures for identifying and locating unserved preschool aged handicapped children, or children at risk of being handicapped. Similarly, districts who serve a portion of the preschool age group (e.g., three to five year olds), must also conduct child find activities from birth. However, the types of activities and the extent to which they are carried out will vary.

The ultimate goal of a comprehensive child find system is the location of all young children who may need special educational services. The chapters in this section suggest a system for realizing this goal including:

**Chapter 6: Community Awareness** - Increasing community awareness about the needs of preschool aged children and services available for them.

**Chapter 7: Referral** - Establishing a referral system and providing for interagency collaboration in child find activities.

**Chapter 8: Screening** - Providing for free developmental screening for all children at least once during the preschool years.

While these three components function interdependently to contribute to the effectiveness of the entire Child Find system, each of these components also work as an independent segment in the total provision of services to preschoolers with special needs.

## Chapter 6: COMMUNITY AWARENESS

### DEFINITION

A community awareness campaign is one component of a comprehensive child find system. It involves communicating information about the type and availability of Essential Early Education services to parents, professionals, and other members of the general public.

### RATIONALE

In order for children in need of Essential Early Education services to be located, the adults who are involved with young children must be aware that the program exists and be familiar with the services it offers.

### GUIDELINES

#### Steps in the Development of a Community Awareness Campaign

A successful community awareness campaign is the result of careful planning. The EEE Coordinator should oversee the activities that are part of the awareness campaign. The steps involved in insuring community awareness are listed below and will be discussed more fully in the remaining portions of this chapter.

1. Identify community resources.
2. Gather information about these resources.
3. Communicate information regarding EEE to these community resources.
4. Plan for interagency collaboration regarding child find.
5. Communicate information regarding EEE to the general public.

Identify community resources

Efforts to identify existing services and programs available to young children and their families should be conducted as a first step in a community awareness and child find effort.

The number and types of service providers and other individuals involved with young children will vary according to the size of the community and geographic location of each supervisory union. The following list includes services which exist in Vermont and may be available in local communities:

- Local Department of Social and Rehabilitation Services (SRS) including child protective programs and subsidized child care;
- Local Department of Health including programs such as WIC (Women, Infants, and Children Supplemental Nutrition Program), Partner's in Health (Medicaid), Well-Child Clinics, etc.;
- Other health facilities (e.g., hospitals, health clinics);
- Local medical personnel including pediatricians, family practitioners, obstetricians, neonatologists, orthopedists, child psychiatrists, pediatric dentists, nurses and nurse practitioners;
- Professionals and others in educational settings such as teachers, staff, and school administrators;
- School board members;
- Public school PTO;
- Private preschools and child care facilities;
- Head Start programs;
- Rural Education (Migrant) programs;
- Advocacy groups;
- Parent groups;
- Community center boards;
- Community Action Programs;
- Members of civic organizations and other educationally oriented groups;
- Public service agencies, fraternal organizations (Kiwanis, Lions Clubs, etc.);
- Colleges and Universities.

Using the list above as a starting point, a list of programs and services which are available in a supervisory union may be compiled. The list should include the name of the program or group, the address, telephone number, and, if possible, the name of a contact person.

Currently available sources of this information include the EEE Parent Handbook, the Resource Guide for Programs Serving Young Children, their Parents, and Teachers, the telephone book, the administrators within the local supervisory union, and EEE Coordinators in surrounding school districts. The first two publications listed above may be obtained from the State Department of Education, Division of Special and Compensatory Education. Local directories of community resources also may be available, as public service agencies sometimes publish such listings as a community project.

### Gather information about these resources

After an initial list has been compiled, each resource should be contacted so that further information may be gathered. An information form, or survey, which may be used to collect and organize this information is included in Appendix B. A well-organized resource survey will assist in determining (a) the type and amount of services each agency provides young children and their families; (b) whether the person, agency or organization will participate in the child find effort; and (c) how the agency will participate in child find.

As the example in Appendix B illustrates, the resource survey should be organized to include the following information regarding each resource:

a) name of resource

b) mailing address

c) telephone number

d) director or supervisor

e) local contact person

f) description of services provided

g) eligibility criteria

h) costs to families

i) funding sources

j) how to refer to the agency

k) how the agency will refer to EEE

l) other areas in which the resource will collaborate with EEE

Methods for collecting this information include a combination of personal visits, phone calls, and mailings. Individuals who would be expected to be a major source of referrals, or agencies with whom collaboration is desired, should be visited in person. If an agency serves a large region which includes several EEE programs, the EEE Coordinators may want to make a joint visit to the individual or agency.

Once collected, this compilation of information should serve as a "directory" of community resources. To be most useful, this directory needs to be organized so that all program staff can readily determine the services offered and the degree of involvement that can be expected from each organization. For example, a notebook could be organized, a computerized data base might be developed, or a chart or matrix, such as that displayed in Appendix C could be created.

The service directory needs to be kept up to date. Should contact persons or key personnel change within a community organization, the level of involvement of the agency may be altered. A representative of the EEE program may want to schedule a visit to establish a working relationship with the new person. In addition, as new resources develop in the community, they need to be added to the resource directory.

### Communicating information about Essential Early Education to community resources

In the process of contacting community resources to learn more about their programs, it is equally important to make them aware of what EEE is and what an individual EEE program offers children and families. A starting place may be to develop a one page "fact sheet" or brochure regarding the local EEE program. This fact sheet might include the following:

1) The importance of an early intervention program and a description of Essential Early Education;

2) A statement of the supervisory union's commitment to serve young children who need special services;

3) A description of the specific EEE program including it's goals, the population, age ranges and geographic area it serves, and the services it provides;

4) Information on referral procedures including how and to whom referrals are made;

5) A statement guaranteeing confidentiality of information collected.

This fact sheet and the state brochure entitled "Do you know a child who needs special help?" (Appendix D) may be distributed during information gathering meetings with agency personnel, or included in mailings to those individuals who are not met with personally.

## Plan for interagency collaboration regarding child find

An important outcome of contacts with each community resource will be the establishment of commitments regarding collaboration in child find efforts. These commitments will determine how the community organizations will work together to implement a comprehensive child find system. An example of interagency collaboration is when EEE personnel conduct developmental and speech and language screenings at Well Child Clinics sponsored by the Department of Health. Another example is the local WIC clinic advertising and recruiting families to attend EEE screenings. Physicians may inform families with preschoolers about the screening and may share mailing lists of families in the area. Community groups may be willing to provide transportation to screenings, and Head Start and dental health personnel may participate in screenings. This combination of agency resources and personnel will contribute to a more complete service delivery system for preschool children. For more information about facilitating interagency collaboration, see Chapter 21.

## Communicating information about EEE to the general public

The general public includes parents and other members of the community. There are a variety of techniques for relaying information about EEE to the community. These techniques generally fall into three categories:

1) using the broadcast media;

2) using local publications;

3) making direct contact (e.g, presentations at public functions).

The first of these two techniques require the identification of locally available media which may be used to disseminate information. Local media may include television stations, radio stations, community newspapers, shopping guides, club publications, welcome wagon kits, and school publications.

**Broadcast media.** The following are guidelines for using the broadcast media as a part of the public awareness campaign.

> First, prepare radio and TV spot announcements for news broadcasts, locally-produced community affairs talk shows, and public service announcements. A well-prepared press release which is hand-delivered to the news department is sufficient for straight news coverage. However, for a more in-depth feature story, consider creating a fact sheet and cover letter of explanation to send to the news director. This should be followed up with a phone call to discuss coverage.
>
> To gain access to a locally-produced community affairs talk show, first contact the station to find out the name of the appropriate spokesperson. Send him/her a letter of explanation, followed up by a phone call to discuss the idea. Provide the spokesperson with at least 10 questions and answers for conducting the interview.
>
> To get a free public service announcement on the air, contact a radio or TV station's public service director to find out what procedures to follow. Time spots should be simple, brief and informal. Specific details should be worked out with the station manager or program director.

**Local publications.** The following are guidelines for using local publications to inform the public of EEE services.

> A newspaper article (or series of articles) on child identification can be published in various formats such as a news release, feature story, editorial or letter to the editor. The education editor or other newspaper staff may wish to interview EEE staff and write an article. If so, it is important to request to see the article prior to release to insure that the content is accurate. Newspaper staff also can provide information on how to prepare the article

and what the publication timelines are (e.g., articles must be sent in two weeks prior to publication). If more than one newspaper serves the community, utilize all of the papers. Be sure the information includes answers to these six questions- Who?, What?, Why?, Where?, When?, and How? (e.g., a contact phone number for more information).

Written materials such as the EEE fact sheet, pamphlets, and posters also increase program visibility. These can be handed out at public functions, placed in mail boxes, included with local bank statements, or used as grocery bag stuffers. They can be distributed to town libraries and to merchants who sell children's clothing and toys. Local physician's offices should be well stocked with these materials. They also may be sent home with school aged children, children in Head Start programs, and children attending local child care facilities. Be sure the budget includes funding for these written materials. A sample EEE pamphlet is located in Appendix D.

**Direct contact with the public.** Direct contact with the public includes a) conducting a census, b) presenting to groups, and c) inviting visitors to the EEE program.

An effective method for locating preschool aged children (especially those in the birth to 3 year group) is to conduct a door-to-door census. This may be done by someone contracted by the school district, volunteers, or EEE staff. At the homes, a brief interview is conducted on the age of all preschoolers in the home. Information concerning the children's prenatal and birth history, and the age at which each child met developmental milestones (e.g., walked, talked) may also be requested. Although this child find method can be costly and time-consuming (especially if volunteers aren't used), it does create an opportunity for presenting parents with information on program services, explaining identification procedures, answering questions, and discussing concerns. It is also an opportune time to set up an appointment for children in need of screening.

Presentations to community groups (e.g., local Citizen Advocacy program), local clubs (e.g., Jaycees, 4-H) and organizations (e.g., PTO) are also very effective in gaining support and raising public awareness. Videotape or slide presentations are useful in making the presentation more appealing.

Finally, it is important to encourage other professionals and the general public to visit the EEE program and talk with staff. Orientation packets which visitors may take away with them and share with others help to disseminate information about EEE services.

# Chapter 7: REFERRAL

## DEFINITION

Within the Child Find system, referral is a process designed to make a school district or EEE program aware of children who may be in need of Essential Early Education services.

## RATIONALE

A comprehensive evaluation of every preschool aged child is not feasible or desirable. Individuals who deal directly with preschool aged children are in the best position to identify those children suspected of needing special educational services. The referral process enables the school district or EEE program to become involved with those children and families, so that procedures to determine eligibility can begin.

## GUIDELINES

A comprehensive referral process involves:

1. Establishing an active referral network;
2. Identifying procedures for receiving and recording referrals;
3. Determining decision rules regarding the next steps to be taken after the referral is received;
4. Providing feedback to the parents and referral source;
5. Establishing record keeping policies.

### Establishing an Active Referral Network

An active referral network is based upon and grows naturally out of the success of an EEE program's community awareness activities (See Chapter 6: Community Awareness). Typically, children may be referred to an Essential Early Education Program from a number of sources. In addition to the community EEE screening, referrals may be generated from parents or guardians, physicians, social service and other community agencies, and from private agencies. Other staff within the school district (kindergarten and primary grade teachers, special educators, principals, and the Special Education Administrator) also are valuable referral sources. These people are in direct contact with families who may have preschool aged children at home. They also often are the first to be aware of families who have recently moved into the school district.

Once an active referral network is established, it is important to make frequent contacts with all potential referral agents. Periodic phone calls can be made, especially at the beginning of the school year and before community wide screenings. Referral agents should be included on mailing lists for program newsletters or notices of speakers at parent meetings. Sending referral agents thorough follow-up reports and other requested feedback on children they have referred (while maintaining confidentiality) increases the likelihood that the individual will refer other children.

### Identifying Procedures for Receiving and Recording Referrals

Regardless of the source of referral, the procedures for receiving and recording referrals followed by the child's home school district should be consistent. The specific information desired from the referral source should be determined and a format for recording this information should be developed. Desired information may include the child's and parent/guardian's name, address, and telephone number; source of the referral; areas of concern; results of previous screenings or evaluations; a list of other agencies involved with the family; and directions to the home. See Appendix E for a sample referral form.

Referral for EEE services may be made to any of several people within the school district, including the Essential Early Education Coordinator, Special Education Administrator, Elementary Principal, or Superintendent of Schools. If a person other than the district Essential Early Education Coordinator receives the referral, that person is responsible for informing the EEE Coordinator of the referral. This should be accomplished as soon as possible, at least within 10 calendar days of the date that the referral was received.

### Determining Decision Rules Regarding the Next Steps to be Taken after the Referral is Received

The steps to be taken after the referral is received will depend upon the referral source. Broadly defined, referral for possible special educational services includes identification of children by individuals outside of the EEE program and through the EEE screening.

If a child attends the EEE program's screening and results indicate a possible developmental delay or other special education needs, further evaluation should be planned. The Coordinator or other member of the screening team needs to explain the screening results to the parent in a sensitive manner and obtain additional information from the parent. All of the screening and additional information should be reviewed by the Basic Staffing Team (BST) so that an evaluation plan may be written and the comprehensive evaluation process can begin. This process is addressed in Chapter 10.

If the referral comes from a source other than the EEE program's screening, the EEE staff must decide whether to implement the screening process or go directly to a comprehensive evaluation. A comprehensive evaluation would be warranted if:

1) the child has been screened or assessed by another agency (Head Start, Child Development Clinic, etc.) and results suggest a possible need for EEE services;

2) the child has a medical condition (Down Syndrome, Cerebral Palsy, etc.) which puts him or her seriously at risk of becoming handicapped;

3) the parent, physician, or other referral source feels strongly that a comprehensive evaluation is needed;

4) professional judgement or local policy indicates that a complete evaluation is appropriate.

In other cases, an initial screening may be the most efficient process for determining whether a comprehensive evaluation is warranted.

Given the decision to either screen or evaluate, the EEE Coordinator or a designee needs to promptly contact the child's parents or guardian to explain the referral and to schedule the screening or evaluation.

### Providing Feedback to the Parents and Referral Source

The Essential Early Education Coordinator or another designated staff member (e.g., the person conducting the testing) should notify the child's parents and the referring agent of the results of the screening or evaluation, regardless of the test outcome. It is important to **honor confidentiality regulations** regarding exchange of information. If the parent agrees that this information should be shared, she or he will need to sign the "Release of Personally Identifiable Information" form, a sample of which is located in Appendix F.

### Establish Record Keeping Policies

If the child is eligible for EEE services, the referral information should become a part of the child's permanent file. If the child is not eligible for Essential Early Education services, the records of referral information need to be kept for follow-up purposes. The child may need further screening or evaluation in the future.

When establishing a system for keeping individual records, the EEE Coordinator needs to consider: 1) an organization format which facilitates future follow-up; 2) the location, accessibility, and confidentiality of the records; 3) future ownership of records when the child becomes school age.

A system also needs to be established to aggregate, at least annually, information regarding 1) the numbers of children referred; 2) the ages of children referred; 3) the sources of referral; and 4) the percent of children referred found to be eligible for EEE services.

# Chapter 8: SCREENING

## DEFINITION

Screening is a quick and efficient process used to look at preschool children's skills in order to identify those children who may have a delay in their development which merits further evaluation. It is a component of a comprehensive child find system.

## RATIONALE

Screening children aged birth to five should lead to the early identification of a developmental delay or handicapping condition that may interfere with a child's growth and learning. The earlier children with special education needs can be identified, the sooner those children can receive important special education services.

## GUIDELINES

### General Considerations in Developing the Screening Program

Screenings for children from birth to five are conducted both on a community wide basis and on an individual basis upon request. Individual screenings will be conducted as necessary. However, community wide screenings should be conducted at least annually. If the EEE Coordinator has established a comprehensive awareness campaign among community resources and the general public, compiled and organized adequate information from the Survey of Community Resources, and established a referral system, the groundwork for planning a promising screening program has been accomplished.

#### Steps in the development of a screening program

The success of the community wide screening program will depend upon the advanced planning that has been done to achieve each of the following steps.

**Outline goals.** In order to set the tone of the screening program, it is important that its goals are clear to all members of the screening team and to other community agencies. It should be emphasized that the primary goal of an EEE screening program is to identify and evaluate all preschool children with special needs. Secondary goals may include: identification of at-risk children for future monitoring, identification and referral of children in need of medical care (including vision, hearing, dental, etc.), increased awareness of normal development and the needs of preschool aged children among parents, confirmation of commitments that were established through formal and informal interagency agreements, and increased contact with the community.

**Identify existing resources.** Determine how existing community programs may be used. Review information organized through the Survey of Community Resources. Some screening programs may already exist, such as through the Department of Health, Well Child Clinics, or through Head Start. Also, check to see what kindergarten or school age screening programs are in operation. This will avoid scheduling conflicts, duplication of screening services and aid in making the screening program cost-effective.

**Determine when during the year the screening will be held.** Some districts, especially those with smaller populations, screen once each year. Other districts screen semi-annually or more often. Table 1 presents several advantages and disadvantages to keep in mind when planning the time of year for community wide screenings.

Because there are advantages and disadvantages to scheduling screenings at most any time of year, each district will have to determine which time(s) of the year works best for them.

**Determine the target population.** It is important to identify the target population to be screened in order to make decisions about the screening program. The first decision involves the age range to be included. Programs generally begin including children in community-wide screenings at age two or three. This is a matter of local practice. To comply with federal law, children from birth through age two are usually screened and/or assessed by referral only. Such screenings may take place in other settings like Well Child Clinics. Pediatricians or nurses may also be trained to screen younger children. The upper age limit of children screened will depend on whether the district has a

## TABLE 1

### A Comparison of Three Screening Schedules

| SCREENING SCHEDULES | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| Spring Screenings (followed by evaluation in the Fall) | Allows for time to prepare the parents and child for further evaluation and possible Sp. Ed. placement.<br>Provides school districts with an preliminary idea of the kinds and types of special services needed in the Fall. | Changes that occur over the summer can't be predicted.<br>Families may worry unnecessarily over the summer while waiting for an evaluation to be performed. |
| Spring Screenings (followed by immediate evaluation) | Immediate follow-up on the screening results is provided.<br>Transportation, caseload/ classload sizes and other needs can be planned for in advance. | The development of the IEP and initiation of services is delayed until Fall. |
| Fall Screenings | The district can immediately evaluate the child and develop an IEP without delay.<br>Any staff changes over the summer will not occur in the middle of the screening/ evaluation/IEP sequence. | There is no advance time to make plans or budget for special services.<br>It will be late in the school year before initiation of services can actually begin.<br>The program may not be able to meet certain deadlines such as when "child count" data is due to be reported to the State Department of Education. |

public kindergarten and whether the EEE program is involved in kindergarten screening.

Although the awareness campaign and subsequent screening are attempting to identify all handicapped preschool children, specific attention should be directed toward certain groups such as:

- children who have never been screened before;
- children who attended previous screenings and were identified as needing re-screening;
- children entering kindergarten in the fall;
- children who are considered "high risk" such as those with chronic health problems, those referred by public health nurses, social workers, pediatricians, or other personnel;
- those referred from public and private preschools and child care centers;
- those who were "high risk" at birth;
- those whose parents have special concerns about their child.

Once the specific group of preschool children to be screened has been identified, it is necessary to determine approximately how many of those children (in the target group) reside in the local district. A rough estimate of the numbers of children in each age group can be determined by averaging the numbers of children in kindergarten and first grade in each local district. To locate specific preschoolers, it is generally necessary to review town birth records if the school district or town does not conduct its own census. Birth records are usually listed conveniently in the town reports, which are available at the town clerk's office or in the school office or library. However, the birth records will not include children who were born while their families resided elsewhere, and then later moved into the district. To supplement birth records, school secretaries or administrative assistants in the supervisory union's central office are invaluable sources of information. Other sources of information include kindergarten teachers, other professionals such as rural education (migrant) teachers, the post office, other parents, and realtors.

**Determine the screening areas to include.** A comprehensive screening includes the following areas: health (including developmental and medical history, nutrition, and dental information); vision; hearing; and developmental skills such as communication, social, adaptive behavior, self-care, gross/fine motor and cognitive skills. A parent questionnaire and interview should also be included.

**Determine screening tools.** Appropriate screening instruments should be used to identify preschool children who need further evaluation. Therefore, the selection of the screening instruments is a critical part of the screening program. It is essential that all instruments are; a) valid, b) reliable, and c) provide normative data. The following discussion will define these terms as they relate to screening tests.

a) Validity refers to the extent to which an instrument measures what it is supposed to measure. Bettenburg (1986) describes three types of validity commonly reported for test instruments. They are:

   1. Content validity; The adequacy with which the items in the instrument assess the content of the test and also the completeness of the item sample. For example, if the test purports to test "language" and consists of receptive items only, the examiner will need to recognize the author's restricted use of the term language to accurately interpret test results.

   2. Construct validity; An index of the extent to which a test yields results to confirm a hypothesis about a particular construct such as intelligence, creativity, or cognition. If, for example, children with widely varied test scores mastered skills at very different rates, it might be assumed that tests used to measure I.Q. were also successful in assessing learning ability.

   3. Criterion-related validity; The degree to which a testing instrument effectively relates behavior to some specific criterion. For instance, if a test is to assess concept development, poor performance on the test should be validated by the child's inability to deal with the same concepts in everyday situations.

b) Reliability indicates that the measures obtained by using the instrument are consistent and dependable. Thus, if the instrument were administered several times, or if certain test items were measured more than once, the same results would be found consistently.

c) Normative data is derived by comparing a particular child's performance to that of his/her peers. The emphasis is on measuring individual differences and describing a child's status in terms of the amount of his/her divergence from the average performance of other children. Norm-referenced instruments, which have been standardized on a group of individuals by obtaining the typical performances of those individuals, will yield normative data. Other non-standardized screening instruments use developmental scales to identify "normal" developmental milestones or typical behavior expected at various age levels. They do not provide normative data. (See Chapter 9: Comprehensive Evaluation Process for a more in-depth examination of testing issues).

It is important to remember that screening instruments yield limited results regarding whether a child is developing with or without problems. In fact, results obtained with some screening instruments can sometimes misidentify children. Some children may pass the screening when, in fact, they are exhibiting problems (called a false-negative) while others may fail when they are functioning within normal limits (called a false-positive) Lilley (1985). The parents and screening team members will decide next steps if a concern arises regarding any children who may have been misidentified through screening (for more information see "interpreting screening results" later in this chapter).

Any screening instrument should have a guide or manual accompanying it which gives descriptive information and procedural guidelines for its use. Failure criteria, scores or responses on screening tests that indicate that the child's performance is below the cut-off point for passing the total test or specific area, should be clearly specified in the manual. The instrument should be relatively brief, easy to administer, and reasonable in cost. In addition to more formal screening instruments, teacher observation, a language sample, and a developmental/medical history may be used to indicate whether further evaluation is necessary.

**Determine who will administer the screening tools.** Trained personnel are necessary to conduct the screening. Members of the EEE staff generally constitute the core of the screening team. When additional personnel are needed, existing school and community resources should be utilized. Check with the local education agency (or the interagency committee, if one has been established) to determine which personnel may be qualified to administer portions of the screening. For example, kindergarten or special education teachers may administer developmental screening tests, especially if the EEE screening is coordinated with the kindergarten screening. Principals or guidance counselors may be involved in greeting parents or in other coordination activities. When possible, it is desirable to have an audiologist or audiology student conduct hearing screenings. When this is not possible, the school nurse may be qualified to conduct vision and hearing screenings. Consider training paraprofessionals, volunteers, and parents to act as receptionists, supervise children who are waiting, or administer developmental screening tests. If higher education programs in special education, psychology, or child development are available in the area, explore the possibility of using students as screeners.

**Establish sites for screenings.** The screening instruments selected, the number of children to be screened, and the accessibility of the site are several factors to consider when trying to determine the most appropriate screening facility. If one of the goals of the EEE program is to become associated closely with the school district and establish a sense of "ownership" by the school district, it may be important to conduct screenings in each elementary school within the supervisory union. In most cases, this also makes the screening conveniently located in each community and should increase attendance. Other than an EEE classroom, possible areas to use within a school are the library, the gymnasium, the cafeteria, or a room that may not be used every day such as a music or art room.

Other factors may also influence the choice of a site. The screening instruments chosen may affect the size of the room needed. Some developmental screening instruments can be completed in an office-sized room, while others require several stations for the screening tasks. The estimated number of children to be screened at one time can also determine if the site is adequate. Screenings done in large urban areas, where many children may be present, may require the use of a gymnasium or some other spacious area. However, screenings done in sparsely populated regions may be completed in much smaller spaces. In all cases, a waiting area needs to be arranged for parents, and a play area provided for children. A quiet area is essential for a reliable hearing screening. Privacy must be considered when choosing a place to interview parents and discuss results.

In addition to school buildings, some possible screening sites include preschool and child care programs; health care settings such as well-baby clinics, doctor's offices, and/or hospitals, churches, other community agencies, or the child's home. The extent of interagency cooperation established thus far may help determine the options available.

Transportation may be a factor affecting accessibility to the proposed screening site. The site should be easy for parents and children to get to. If the target population for screening is located in a very rural area, transportation to the screening site may be a problem. If public transportation is not available to the facility, alternative methods of transportation should be established (e.g., carpools).

**Arrange dates and times for screening.** Setting the dates and times for screening will require coordination with daily routines of families and the hours of service from community agencies. Coordination with the dates of Head Start screenings is desirable. Also, the dates and times must not conflict with other school activities and other uses of the screening room(s). Selecting a date will have to account for such things as holidays and vacations which might cause some absenteeism. Since the object of the screening program is to identify all handicapped children in a particular age group, it is necessary for them to be available on the date chosen. Also, scheduling screening at a variety of times will provide working parents with a choice. For example, screen during school hours so that older siblings will not need babysitters, or so other preschool siblings can receive services from a child care center. The best time of the day for screening young children is between meals and naptimes. If several days in a row will be scheduled for screening, remember to set aside some time every few days to review information collected, and to reorganize. When this step is accomplished, a date, time and place for the screenings should be set.

**Implement the public awareness program.** Several methods may be used to make parents and professionals aware of the screening. Letters should be sent or phone calls made to area service providers. Posters should be designed and duplicated. They can be hung in local schools, churches, grocery stores, gas stations, and other places where people gather. Articles or advertisements can be placed in local papers. Letters, signed by the school principal, can be sent home with primary grade students. Radio and television broadcast media can also be used.

To assure that all parents are aware of the screening, individual contact should be sought. Using the lists of families gathered from birth records and other sources in step three, phone calls can be made to families whose names are listed in the phone book. If a script is written by the EEE Coordinator in advance, parents or other volunteers can make these calls. The script should include the following basic information: that a screening is being held; what it includes; the location; the ages included; and the date. The parent should then be asked if he/she would like to schedule an appointment. Families without phones can be sent letters.

See Chapter 6: Community Awareness for further information regarding this area.

**Schedule and implement the screenings.** Each program will need to determine what type of scheduling system works best for them. One method is to have children arrive individually, approximately 15 to 20 minutes apart. While this maintains an organized flow of checking in and checking out, it also means that fewer children can be seen in a time period. If there are four people screening, it will be an hour before each person has a child at their station. Another method of scheduling involves having four children arrive together at the beginning of each hour. While this is the most efficient method, it can cause difficulty if several parents need to speak to the EEE Coordinator on the way out.

The day of the screening will go more smoothly if there is an individual (professional or volunteer) to act as a receptionist to greet parents, supervise children who are waiting, and see that everyone gets to the appropriate area on time.

**Interpret the screening results.** Children screened will fall into any of three groups:

1. Children who passed screening;
2. Children who are identified as high risk or "questionable". The parents and screening team will decide which of the following options is most appropriate for the child in question: (a) immediate rescreening, (b) monitoring and rescreening at a set length of time in the near future, (c) recommending ways for the child's parents to monitor the child and set a time for follow-up, (d) identifying other information needed before a decision can be made; or (e) referring for comprehensive evaluation;
3. Children who are in need of further evaluation. In this case, the comprehensive evaluation process is described to the parent(s).

Although the procedures implemented following screenings will vary across programs, they should be given careful consideration. Parents should be provided with a verbal and/or written summary of the results immediately after the screening. If decisions were made and results given to parents at the time of the screening, the results should be reviewed by the screening team afterwards to check for scoring or other errors.

**Record keeping.** The EEE Coordinator should make sure that all individual screening records are kept in an organized manner. Record-keeping procedures should be consistent with those procedures used for keeping records for referral, assessment, and staffing, as well as procedures for maintaining confidentiality and keeping parental permission forms.

Aggregate data should be collected regarding the following:

1. number of children living in the community;
2. number of children screened;
3. number of children who passed screening;
4. number of children who will be monitored or rescreened;
5. number of children who warranted comprehensive evaluation.

If the comprehensive evaluations are completed immediately after the screenings, districts may also want to include the numbers and/or percent of children found to be eligible for EEE services. All of this information should be collected separately for each age group of children, and for each local school district. It should be then shared with members of school boards and school administrators. A sample screening summary form for compiling the screening data can be found in Appendix G.

A sample checklist to help plan an EEE screening is included in Appendix H. This checklist should be individualized to meet the needs and characteristics of each program. The development of an individualized procedural checklist will also promote continuity if program personnel changes occur.

## Section III: ASSESSMENT FOR ELIGIBILITY AND EDUCATIONAL PLANNING

### DEFINITION

Assessment for eligibility and educational planning is a multi-faceted process of gathering information for making decisions regarding the eligibility of young children with special needs for EEE services and developing and revising educational program plans.

### RATIONALE

The assessment process allows the Basic Staffing Team to gather information in an organized fashion to determine eligibility and to plan educational programs.

### REGULATIONS

#### Section 2364 Program Procedural Requirements

**Section 2364.1 Basic Staffing Team:**

Basic Staffing Team will be appointed by the responsible agency to perform or arrange for a comprehensive evaluation of the student's needs and abilities and to determine eligibility pursuant to 2362. Decisions shall be made by majority rule with all members retaining the right to file a dissenting report. The team of not less than two members shall include individuals who fulfill the following roles:

(1) The pupil's teacher;
(2) A specialist with knowledge in the area of the pupil's suspected educational problem;
(3) Other individuals at the discretion of the responsible agency.

#### Section 2362.2 Comprehensive Evaluation

**Section 2362.2.1 Definition and Purpose:**

(1) A comprehensive evaluation is a compilation of information (2362.2.6) about a pupil (2362.2.4) designed to:
  (a) Assist the Basic Staffing Team in determining eligibility for special education,
  (b) Assist IEP participants in developing instructional goals and objectives, and
  (c) Assist instructors in making accommodations in curriculum, materials, and mode of presentation.

**Section 2362.2.2 Personnel:**

(1) Comprehensive evaluations shall be arranged for or conducted by a Basic Staffing Team (2364.1) with assistance, where appropriate, from other specialists (psychological, medical, etc.)

(2) Prior to the development of an evaluation plan, parents shall be given an opportunity to contribute information for consideration by the Basic Staffing Team, but shall not be considered members of the Basic Staffing Team except as a matter of local policy.

**Section 2362.2.3 Time Frame:**

(1) When a responsible agency determines that a pupil may be eligible for special education, a comprehensive evaluation shall be conducted without undue delay. When the comprehensive evaluation will be delayed for a period exceeding 45 days from date parental consent for evaluation is obtained, the parent shall be given written notice of the delay and a schedule of evaluation activities. Such notice shall be sent to parents within 10 days of expiration of the 45-day period.

**Section 2362.2.4 Evaluation and Procedures:**

In conducting a comprehensive evaluation or arranging for its conduct, the Basic Staffing Team shall compile sufficient and appropriate information so that necessary judgments concerning eligibility, placement, program planning, and accommodations can be made.

(1) Prior to conducting an evaluation, the Basic Staffing Team shall develop a written evaluation plan which lists the areas to be evaluated and the procedures to be used in carrying out the evaluation. No area shall be evaluated nor shall any evaluation activity be carried out unless appropriate justification can be given for it. Upon completion of the evaluation, the plan shall be attached to the written report (2362.2.6).

(2) Each pupil's classroom behavior shall be observed and reported in writing by someone other than the pupil's teacher designated by the Basic Staffing Team. The report should address observations of and relationships among the following:

- (a) classroom environment
- (b) teacher and peer interactions
- (c) ability of pupil to benefit from materials, curriculum and instructional methods
- (d) ability to follow oral and written directions
- (e) ability to communicate ideas in oral and written form
- (f) ability to attend to instruction and complete assignments on time
- (g) other observable pupil characteristics or instructional conditions that may adversely affect the pupil's rate of learning.

(3) The team, where appropriate, shall evaluate or arrange to evaluate all pupil characteristics that may have a significant influence on eligibility, services to be offered or accommodations to be made, including, but not limited to:

(a) physical characteristics
    1. vision
    2. hearing
    3. motor abilities
    4. health/medical status
(b) language characteristics
    1. ability to express ideas orally and in writing
    2. ability to comprehend oral and written language
(c) emotional/behavioral characteristics
(d) current life circumstances
    1. support received from peers, home, teachers, etc.
    2. family, community, and environmental factors that may influence learning and motivation.
(e) intellectual characteristics and adaptive behavior
(f) current level of performance in all curriculum areas for which specially designed instruction or special accommodations may be required.

(4) The team shall evaluate instructional practices and curriculum requirements that may need to be modified to accommodate the pupil's unique handicaps.

**Section 2362.2.5 Special Evaluation Requirements:**

(1) Tests and other evaluation materials shall be administered by persons who are trained in administering, scoring, and interpreting the tests in conformance with the instructions provided by their producer.

(2) Tests shall be selected and administered so as best to ensure that when a test is administered to a pupil with impaired sensory, manual, or speaking skills, the test results accurately reflect the pupil's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the pupil's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure).

(3) Tests and other evaluation materials are provided and administered in the child's native language or other mode of communication unless it is clearly not feasible to do so.

(4) Tests and other evaluation materials include those tailored to assess specific areas of educational needs and not merely those which are designed to provide a single general intelligence quotient.

(5) No single evaluation procedures is used as the sole criterion for determining special education eligibility.

(6) Testing and evaluation materials must be selected and administered so as not to be racially or culturally discriminatory.

(7) Tests should be validated for the specific purpose for which they are used.

(6) The Commissioner or a designee shall maintain a list of acceptable evaluation instruments for determining special education eligibility.

**Section 2362.2.6 Written Report:**

When all necessary information is collected, the Team shall reduce its findings and conclusions to writing for use in determining special education eligibility and for use by IEP meeting participants pursuant to 2364.2. The report shall include the following information:

(1) A conclusion as to whether or not the pupil is handicapped and eligible for special education.

(2) The evaluation method(s) chosen to evaluate the pupil's eligibility.

(3) A summary of the information collected during the evaluation and the significance attributed to that information.

(4) All educationally relevant medical, psychological, and other findings.

(5) The written report of an observation of the child in his or her classroom.

(6) Findings as to the need for special accommodations in curriculum, materials, or instructional practices.

(7) The names of any team members who disagree with the report or its conclusions together with a statement of the reasons for this disagreement.

(8) The signatures of all team members.

## Section 2362.3 Local Procedures

Each responsible agency shall establish written procedures for the identification and evaluation of handicapped pupils in compliance with state and federal standards.

## State Regulations for Eligibility and Placement in EEE

## Section 2365.8.2 Eligibility and Placement

A determination of eligibility for and placement in a publicly-funded Essential Early Education program must be made by the school district in which the child resides. Parent rights (2364.3) shall apply to the identification, evaluation, placement, and instruction of eligible preschool handicapped children in local education agencies where essential early education is available. To be eligible for essential early education funded in whole or in part by the state, a pupil must be within birth and legal school age and must demonstrate observable and measured delayed development in one or more fundamental skills at a level that future success in the home, school and community cannot be assured without intervention prior to legal school age.

## Section 2365.8.3

Deficits in fundamental skills can be determined in the following ways:

**Section 2354.8.3.1**

The child has not achieved the competencies expected of his or her age in one or more of the fundamental skill areas above as measured by a nationally recognized preschool test or developmental list or scale of educational skills, and a procedure has been instituted to determine that the measurement is a reliable sample of the child's behavior.

Using this measure, an eligible child shall show in one or more of the fundamental skill areas a discrepancy in development as indicated below:

| Age | |
|---|---|
| 0-2.11 | Clearly observable and measurable delay in behavior development. |
| 3-3.11 | Functioning at or below a one year and six months level (a one year and six months discrepancy). |
| 4-4.11 | Functioning at or below a two year and six months level (a one year and six months discrepancy). |
| 5-5.11 | Functioning at or below a three year level (a two year discrepancy). |
| 6.0 | Functioning at or below a four year level (a two year discrepancy). (Please note that this will probably be eliminated in 1988 when the "legal school age" in Vermont drops to age 5). |

**Section 2365.8.3.2**

The child has a medical condition which may result in significant deficits by the time the child attains school age.

## State Regulations for Comprehensive Re-evaluation

**Section 2362.2.3 (2)**

A comprehensive re-evaluation is required at least every three years or whenever the responsible agency proposes to significantly alter a pupil's program or placement. A major purpose of the comprehensive re-evaluation is to determine whether the pupil continues to be eligible under 2362.

## INTRODUCTION

Providing a free and appropriate education for all young children with handicaps requires that EEE programs maintain an active, ongoing system of locating, identifying, and evaluating young children with special needs. Assessment plays an extremely important role in this process since the outcome of assessment can directly and significantly alter the life of a young child.

Assessment procedures are conducted for all children who have been identified through screening procedures as possibly handicapped and in need of special education services. The comprehensive evaluation process consists of a series of formal and informal measures designed to gather information for determining eligibility and planning educational programs. In addition, a quality educational program includes re-evaluation at specific intervals or transitions to determine if eligibility and program plans need revision.

The chapters in Section III provide information in the following areas:

**Chapter 9: Comprehensive Evaluation Process** - Conducting assessments and interpreting and using the data that is gathered to: (a) document the eligibility of young children with special needs for Essential Early Education and (b) guide the development of educational plans.

**Chapter 10: Eligibility Determination** - Making decisions regarding the eligibility and placement of young children with handicaps for educational services.

**Chapter 11: Comprehensive Re-evaluations** - Conducting re-evaluations to determine if educational services are still needed or if current educational plans should be revised.

# Chapter 9: COMPREHENSIVE EVALUATION PROCESS

## DEFINITION

The comprehensive evaluation process involves the compilation of information that gives a picture of a child's current abilities and needs, allows for the determination of a child's eligibility for special educational services, and provides information for program planning.

## RATIONALE

In order to determine a child's eligibility for EEE services and develop an appropriate educational program for the child, a comprehensive plan for assessing the child's skills and needs must be developed and implemented. To be truly comprehensive, the evaluation process needs to combine the knowledge and expertise of professionals and parents through the use of a variety of assessment procedures. Decisions regarding the need for special education and related services which are based upon such an assessment approach will most accurately reflect the unique strengths and needs of individual children.

## GUIDELINES

Assessment procedures are initiated with all children who have been identified through screening as needing further evaluation. The two primary purposes of a comprehensive evaluation are: 1) to determine a child's eligibility for Essential Early Education (EEE) services, and 2) to provide information for Individual Education Plan (IEP) development. Each of these two purposes require comprehensive evaluation measures and procedures that are uniquely different in the types of information they provide.

To determine eligibility, the comprehensive evaluation process must provide information which answers the question, "Does the child demonstrate a significant developmental delay or known medical condition that may affect the child's future success in the home, school, and community?" Current Vermont regulations require developmental assessment data to show discrepancies between a child's performance and assessment data to show discrepancies between a child's performance and his or her chronological age in terms of "months of delay". Refer to Section III for specific eligibility criteria.

For program planning purposes, the assessment process must provide additional information which will answer the questions:

1. What is the child's present level of performance?
2. What are the child's learning strengths and weaknesses?
3. What are some possible annual goals?
4. What are some possible short term instructional objectives?
5. What are the types and intensity of special education and related services needed?
6. What accommodations to the curriculum, materials, mode of presentation, and instructional practices need to be made?
7. Which intervention procedures will be potentially effective for teaching the goals and objectives?
8. Which setting(s) are the most appropriate and least restrictive for providing EEE services?

The comprehensive evaluation process for a child needs to be carefully designed, in order to insure that all of the above questions are adequately addressed. What follows are guidelines for planning and conducting such a comprehensive evaluation process. The guidelines are organized into five major sections:

1. Developing a Written Evaluation Plan
2. Selecting Appropriate Assessment Measures
3. Implementing the Comprehensive Evaluation Plan
4. Creating a Written Evaluation Report
5. Conducting Annual Assessments For Programmatic Purposes

### Developing a Written Evaluation Plan

All comprehensive evaluations must be preceded by the development of a written evaluation plan. This plan is developed through a four-step process of: 1) establishing a Basic Staffing Team, 2) informing parents of their rights and obtaining consent, 3) reviewing referral information, and 4) writing the comprehensive evaluation plan.

## Establishing a Basic Staffing Team

A Basic Staffing Team (BST) must be convened to develop an evaluation plan for a child. Membership of the BST is dependent upon the individual child's needs. At a minimum, the team should include the EEE Coordinator and those individuals (e.g., Speech/Language Pathologist) who may be conducting the comprehensive evaluation. It is recommended that the child's parents, Head Start teacher, preschool teacher, child care provider, future kindergarten teacher, local administrators, and others who are valuable resources, be included whenever possible.

## Informing parents of their rights and obtaining consent

It is also important that parents are informed of their legal rights which are protected by Federal and State Laws. Concerning the comprehensive evaluation, parents should understand that they: a) must give written consent for the evaluation, b) must have an opportunity to provide the BST with information about their child prior to the creation of the evaluation plan, and c) have a right to an independent evaluation if they disagree with the results in the written evaluation report. This can be done by presenting them with Part 2 of the EEE Parent Handbook: "Rights, Responsibilities & Advocacy". In addition, it is good practice to discuss parent's legal rights with them and answer questions they have. This creates open lines of communication and sets the stage for future interactions with the parents. Presenting this information to parents creates an ideal opportunity to gain written consent to begin the comprehensive evaluation process.

## Reviewing referral information

Parents must be given the opportunity to provide the BST with information regarding their child and their own preferences regarding educational programming prior to the development of the written evaluation plan. Information may be obtained through a parent questionnaire, although a personal interview is recommended. Parents provide information which assists the BST to better understand the child, including intervention techniques which may or may not be effective with their child. Information from parents together with anecdotal comments, observations from the referral source, screening data, and previous comprehensive evaluations then are reviewed by the BST.

### Writing the Evaluation Plan

Based upon available information, the team develops a written evaluation plan which includes the reason for the referral, the areas to be evaluated, the evaluation questions, and the procedures to be used in answering the questions. A sample evaluation plan form is included in Appendix I.

**Reason for referral.** The first item on the evaluation plan to be completed is a statement of the reason for referral together with the referral source. Two examples of referral statements are the following:

> "The results of the preschool screening indicated the need for further assessment in the areas of..."
>
> "Mrs. Smith referred her son, John, to the EEE program because of her concerns that his language development might be delayed".

**Evaluation Areas.** The evaluation plan should address each of the following areas of concern:

1. current life circumstances (i.e., family support and other environmental factors which may influence learning and motivation);
2. physical characteristics, (hearing, vision, health/medical status);
3. emotional and behavioral characteristics;
4. speech/language characteristics;
5. intellectual characteristics;
6. adaptive behavior;
7. the child's current level of fundamental skills (e.g., in the domains of cognitive, fine motor, gross motor, self-care, etc.).

In addition, the BST should include in the evaluation plan the specific assessment procedures to be used to identify instructional approaches and curricula appropriate for the child. It is recommended that the BST view a child comprehensively and examine, for program planning purposes, both strengths and needs.

**Evaluation questions and procedures.** After evaluation areas are determined, the BST needs to generate evaluation questions for each area. Evaluation questions and corresponding assessment instruments should yield specific information for determining a child's eligibility for EEE services and for developing the Individual Education Plan. Table 1 presents sample generic evaluation questions and assessment procedures which might be individualized in a given child's evaluation plan. Any current assessment data available from other service agencies (e.g., Child Development Clinic, Head Start) may be used to avoid duplication of particular comprehensive evaluation procedures. However, conclusions drawn by other agencies from these assessment results are not determinations of eligibility for special education services. This is the responsibility of the BST. As a rule, the BST should develop and implement an evaluation plan which supplements any information collected from sources outside of an EEE program.

### Selecting Appropriate Assessment Measures

Many commercially available and teacher-made assessment measures exist for assisting the BST in collecting the information it needs to answer questions concerning eligibility and educational planning. In developing a comprehensive evaluation plan, the BST should select a variety of assessment instruments and procedures. Assessment measures differ primarily along the following three dimensions:

1. content of assessment measure (i.e., what skills, domains, learning styles, traits, etc. the instrument purports to measure),
2. type of assessment measure (i.e., the primary purpose of the measure and the types of questions it addresses), and
3. administration or assessment procedures.

## TABLE 1

## Sample Evaluation Questions and Procedures

| AREA | EVALUATION QUESTIONS | INSTRUMENTS AND PROCEDURES |
|---|---|---|
| CURRENT LIFE CIRCUMSTANCES | 1. Who are the members of the child's family?<br>2. In what home and community environments does the child participate?<br>3. How do the parents view the possible developmental delay, and are they supportive of the involvement of the EEE program? | Parent Questionnaire<br>Parent Interview<br>Parent Inventory |
| PHYSICAL CHARACTERISTICS | 1. Is the child's vision and hearing acuity within normal limits?<br>2. Are any current hearing aids or glasses appropriate and functional?<br>3. What is the child's medical history and current health status?<br>4. Is the child currently on any medication, and if so, for what purposes?<br>5. What is the current and predicted future status of the child's seizures, or other medical condition?<br>6. At what age did the child reach common developmental milestones? | Hearing screening<br>Audiological evaluation<br>Vision screening<br>Vision evaluation<br>Request medical records<br>Parent interview |
| EMOTIONAL/ BEHAVIORAL CHARACTERISTICS | 1. Is the child's attention span age-appropriate?<br>2. Do the parents feel that they are having difficulty dealing with the child's behavior? | Observation<br>Parent Questionnaire<br>Parent Interview |
| SPEECH AND LANGUAGE CHARACTERISTICS | 1. How does the child communicate?<br>2. At what level are the child's receptive and expressive language skills?<br>3. Does the child use his/her language to communicate effectively?<br>4. Is the child having articulation difficulties? | Language Sample<br>Norm-, Criterion-, and Curriculum-referenced Instruments.<br>Direct testing, Interview, Observation |
| CURRENT LEVEL OF FUNDAMENTAL SKILLS | 1. What is the child's current level of performance in the areas of cognitive, motor and self-care development?<br>2. What types of functional mobility does the child have?<br>3. What adaptive equipment might be necessary? | Ecological Analysis<br>Norm-, Criterion-, and Curriculum-referenced Instruments.<br>Direct testing, Interview, Observation<br>PT/OT Consultation |
| EVALUATION OF INSTRUCTIONAL PRACTICES AND CURRICULUM REQUIREMENTS | 1. How does the child learn best, or what is the child's learning style?<br>2. How does the child interact with and learn from his/her environment? | Observation<br>Diagnostic Testing |

## Content of the assessment measure

Assessment instruments vary considerably in the content they measure (i.e., developmental domains, cognitive skill areas) and their content reflects the preferred curriculum model of the individual who developed the instrument. Bailey and Wolery (1984) describe three curriculum models - the developmental milestones model, the theory-based developmental model, and the functional model - for generating assessment (and curriculum) content. Each model and resulting categories of skills and assessment items are discussed in detail in Chapter 12: Curriculum Planning.

## Types of assessment measures

Bailey and Wolery (1984) also identify three broad types of assessment instruments: norm-referenced (or developmental-referenced), criterion-referenced, and curriculum-referenced. The primary purpose of a **norm-referenced** assessment instrument or test is to describe a child's performance in relation to the average performance of other children of the same age. The child's performance is summarized in terms of a score (e.g., Intelligence or Developmental Quotient) or a developmental age (e.g., Susie functions motorically at the three year level).

The primary purpose of a **criterion-referenced** assessment instrument is to describe the child's performance in terms of "skills mastered" rather than comparing performance with a normative group.

A curriculum-based assessment is "the practice of obtaining direct and frequent measures of a child's performance on a series of sequentially arranged objectives derived from the curricula used in the program" (Blankenship & Lilly, 1981, p. 81). The purpose of a **curriculum-referenced** assessment is to identify what a child needs to learn or how well the child is progressing relative to an EEE program's selected curriculum.

The advantages and limitations of using each of these three types of instruments are summarized in Table 2.

## TABLE 2

## Advantages and Limitations of Three Types of Assessment Measures

| ASSESSMENT APPROACH | ADVANTAGES | LIMITATIONS |
|---|---|---|
| Norm/Developmental-Referenced | Information gained is useful in determining a child's eligibility for special education services.<br>Identifies curricular areas in which a young child with handicaps may need EEE services.<br>Information gained is useful in evaluating the effects of an educational program. | The validity of some test items and scores for individual children may be questionable if the normative population did not include children with handicaps.<br>While the test may provide information for determining eligibility, it generally does not provide information regarding why the child is delayed and what can be done in terms of program planning.<br>Some tests "average over" the child's performance and does not provide a specific picture of the child's individual strengths and needs.<br>Many tests accurately identify children with moderate to severe developmental delays, but fail to identify children with milder developmental delays.<br>Test items are selected based upon their ability to discriminate among high and low performing children rather than their usefulness in programming for children. |
| Criterion-Referenced | Provides a profile of skills which a child can and cannot perform.<br>The information gained may be used to plan IEP programs. They are particularly useful at IEP meetings in order to (a) summarize a child's abilities; (b) suggest appropriate goals and objectives; and (c) document the child's progress in acquiring new skills. | May focus upon specific skills, sometimes considered "splinter skills" and yielding a less than total picture of a child.<br>Does not possess the reliability and validity of norm-referenced instruments and fail to accurately determine eligibility.<br>Children go through two stages in developing skills: an acquisition stage and a generalization stage. A child who holds his spoon and eats food of a particular texture has acquired a skill. When he is able to use his spoon in other settings and eat foods of various textures, his skill has become generalized. Criterion-referenced assessments tend to measure only acquisition of skills. |
| Curriculum-Referenced Instruments | Provides a profile of skills which a child can and cannot perform.<br>The information gained may be used to plan IEP programs. They are particularly useful at IEP meetings.in order to (a) summarize a child's abilities; (b) suggest appropriate goals and objectives; and (c) document the child's progress in acquiring new skills. | Same limitations as criterion-referenced.<br>Curriculum-referenced assessments often times are not readily available. Consequently, EEE staff need to spend time constructing their own assessments or checklists based upon their own curriculum goals. |

## Assessment procedures

There are three major types of assessment procedures which EEE programs may employ - direct testing, naturalistic observation, and interviews (Bailey and Wolery, 1984). **Direct testing** includes "standardized" and "non-standardized" procedures in which maximum control of a child's behavior is maintained during testing in order to elicit performance on a number of predetermined tasks. Generally, all of the norm-referenced tests and some of the criterion-referenced tests are administered using direct testing procedures which are standardized. Standardized procedures insure that an instrument is administered and scored under uniform conditions, from one time or person to the next. However, once the prescribed procedures have been followed to collect the standardized information, they may be changed for the purpose of collecting information that is more useful for educational programming. These changes may include being more responsive to the child's interests, physical limitations, or other handicapping conditions.

The direct testing procedures for criterion-referenced and curriculum-referenced assessments often are nonstandardized. Those who administer these tools are encouraged to be flexible and adaptable (nonstandardized) in the settings, materials, tasks, presentation cues, and consequences they employ. Such flexibility is more likely to yield information relevant to program planning, the intended outcome of using these types of instruments.

**Naturalistic observation** involves observing and recording behavior as it naturally occurs across a variety of settings. Structured and non-structured observations generally are recognized as appropriate for gathering information in educational and natural settings. Structured observations involve the recording of behaviors included in developmental curriculum domains. Observations may be recorded on a checklist to document the occurrence or non-occurrence of a skill or behavior. An environmental inventory is one method for structuring an observation. Environmental inventories (e.g., inventory of kindergarten survival skills) offer the preschool teacher a process for assessing preschool children with an eye on kindergarten as well as other future placements; they examine long-range skills likely to maximize a child's success in present (e.g., home) and future (e.g., kindergarten) environments.

A second type of structured observation requires recording the frequency, duration and intensity of a specific behavior. Examples of behaviors which an observer might examine are the number of times a child interrupts the class, the percent of dysfluent utterances, the proportion of time a child is out of his or her seat, the length of time the child spends in cooperative play, or the duration of temper tantrums or crying episodes.

Non-structured observations are less formal than structured observational methods and use qualitative approaches, such as anecdotal recording, for the collection of raw datum. A language sample is an example of a non-structured observational procedure. Videotape and audiotape recordings, photographs, and samples of a child's work are other examples of non-structured observational approaches.

A third assessment approach involves the use of **interviews and questionnaires.** Interviews and questionnaires may be highly structured and specific or very unstructured and open-ended. The underlying assumption made in using these procedures is that the person being interviewed or completing the questionnaire has carefully observed the child and is able to accurately describe the child's current or past behavior. Questionnaires which take the form of checklists (e.g., Motor Development Checklist) allow an individual to quickly scan a list of descriptions to check whether or not they apply to the child. Questionnaires which take the form of rating scales (e.g., Burks' Behavior Rating Scale, Preschool and Kindergarten Edition) allow the individual to rate the quality or intensity of the behavior as well as report whether the behavior was observed. Interviews are an interactive form of information gathering and allow the interviewer to adapt a standard list of questions based upon the responses received during the interview.

Table 3 summarizes advantages and disadvantages of direct testing, observation, and interview/questionnaire assessment procedures (taken from Bailey & Wolery, 1984).

## TABLE 3

## Advantages and Disadvantages of Three Assessment Procedures

| Procedure | Advantages | Disadvantages |
|---|---|---|
| Testing | Standard procedures allow meaningful comparisons of children.<br>Necessary for diagnostic needs<br>Facilitates transfer of information | Alternate procedures for children with sensory or motor impairments are not generally allowed.<br>Some tests require considerable training.<br>Lack of validated measures for educational planning<br>Skills sampled are limited to those included as the test. |
| Observation | Measures what children do in real world settings<br>Sensitive to changes over time<br>Can be done during regular classroom activities | Time-consuming<br>Requires a certain amount of skill to design a good observation system<br>Lack of guidelines to interpret data gathered |
| Interview | Information comes from another's perspective.<br>Efficient use of time | Not a direct measure of child behavior<br>The interviewee may not accurately report skills. |

Taken from p. 29, Bailey and Wolery, 1984.

### Guidelines for selecting appropriate assessment measures

When selecting among the many commercially available assessment instruments, the following questions should be asked:

1. Is the assessment instrument included on the State's list of approved tests (see Appendix J for a complete list of assessment instruments accepted for use by the State of Vermont)?

2. Does the assessment instrument provide information that will answer the questions concerning eligibility and program planning?

3. Does the instrument require extensive training or trained personnel to be administered, scored, and interpreted?

4. Was the instrument standardized on children with and without handicaps?

5. Does the instrument have high reliability (i.e., re-administration of the test yields the same or very similar results)?

6. How valid is the instrument? Does it actually measure what it purports to measure (content validity)? Does it accomplish what it purports to accomplish (construct validity)?

7. Are the assessment instrument and procedures appropriate for the developmental level of the child?

8. Will the assessment instrument yield results that are non-discriminatory in terms of race, culture, sex, or presence of a handicapping condition?

### Implementing the Written Evaluation Plan

Once the evaluation plan has been completed, the appropriate assessment measures selected and the parents written consent for the evaluation has been obtained (see Section IV: Regulation 2364.3.2), each member of the BST must carry out (or arrange to have carried out) portions of the plan for which she/he is responsible. Aside from requesting medical records and interviewing parents, this includes the administration, scoring, and interpretation of assessment instruments. Best practices in the implementation of a written evaluation plan include:

1. the involvement of parents in the comprehensive evaluation process;
2. observations of the child;
3. the administration of a variety and range of assessments (i.e., norm-, criterion-, and curriculum-referenced instruments);
4. ecological analyses of current and future environments used or likely to be used by the child.

### Involving parents in the comprehensive evaluation process

Parents know their children best and can contribute a great deal to the comprehensive evaluation process. Therefore, parent participation in assessment activities should be planned for and actively encouraged (Bailey and Wolery, 1986). There are several ways for parents to be involved in the comprehensive evaluation including: participating on planning teams, completing parent interviews and conducting observations.

**Participating on planning teams.** It is recommended that parents be considered as important sources of information. Parents may, as a matter of local policy, be considered as members of the BST. Given the data on low rates of parent participation in meetings, professionals need to take steps to facilitate involvement. It must be recognized that parents have not had experience in working collaboratively with early educators. Some time must be invested in building relationships with parents by getting to know them and letting them come to know all team members, if they are to believe that they are "partners" on a team. In addition, their important role as a team member will be recognized by communicating with them in a language which they can understand.

Meaningful participation on planning teams is most likely if parents are oriented beforehand as to: a) what will happen at the planning meeting, b) what procedures will be followed, c) what role they will play, and d) what preparations they can make to be able to take a meaningful part in the discussion (Peterson, 1986).

**Completing parent interviews.** Parents or guardians should be given the opportunity to discuss their child's strengths as well as their areas of concern. One procedure for gathering this information is through the use of a parent interview. Interview instruments may be teacher-made or commercially developed. Parent interview instruments created by EEE staff have the advantage of being able to target specific information about an individual child which is needed to answer evaluation questions. A number of commercially available assessment instruments have been developed based on parent interviews. Among these are the Carey Infant Temperament Questionnaire (Carey & McDevitt, 1978) and the Developmental Profile (Alpern, Boll, & Shearer, 1980).

The primary advantage of the interview technique is its efficiency and accuracy. It allows parents to describe their child's typical performance and express areas of concern. In addition, parent interviews can help parents prepare for team meetings which may result in increased parental participation. The primary disadvantage of this technique concerns the accuracy of the information gathered.

**Conducting observations.** Parents can accurately identify and describe many of their child's behaviors and skills and provide feedback on whether they are typically seen in naturalistic settings. They are able to make clear and specific observations, if provided with precise descriptions of the behaviors in question. Therefore, it is critical to be specific when describing behaviors that parents are asked to observe. Giving parents clear instructions and materials (e.g., data collection form) will assist them in their observations and can lead to information useful in the comprehensive evaluation.

## Observation

A comprehensive evaluation must include observations of the child. Observations provide a "snapshot" of the child's behavior patterns in specific environments. Initial observations should be for the purpose of getting to know the child as a whole. Later observations may focus upon more specific skill areas.

The BST first determines **who** will observe the child and then determines the **location** of each observation. The home is the best location for observing a child's interaction in a familiar environment with familiar people. A preschool or child care setting offers opportunities to observe peer interactions, the child's ability to follow routines, and the child's learning strategies. Arrangements also may be made for a child to visit and be observed in an EEE classroom.

Unlike the home or the child's regular preschool or child care setting, the EEE classroom is an unfamiliar setting in which the child may not demonstrate his or her typical behaviors.

Linder (1981, p. 167) offers guidelines regarding observational data collection:

1. Observe the child across a variety of settings and time periods.
2. Observe the child at play. Behavior patterns and skills which have become functional for the child, as well as problem-solving abilities and motivating factors are readily observed during play situations.
3. Look for patterns of behavior and situations which affect behavior.
4. Look for the child's unique learning and information processing strategies.
5. Develop a structure for analyzing observation data.
6. Note how and where the child was observed and the length of observation.

Observations which are part of a comprehensive evaluation must be summarized in writing and included with the Written Evaluation Report.

### Administering assessment instruments

**Establishing the assessment site.** The location in which assessments are administered can greatly affect a child's performance. In the home, the child may be more relaxed and more likely to exhibit his typical performance, yielding a very accurate picture of the child's skills. On the other hand, the home may present a great number of distractors (e.g., telephone, T.V.) and be an inappropriate test site.

A school setting should also be considered as a test site. Some parents report that their child's behavior and attention improves in a school setting. A school setting also offers a host of materials and distraction-free environments, adequate lighting and ventilation, comfortable seating arrangements, and enough space for gross motor tasks. However, for some children, the school setting may be too unfamiliar of an environment, thus compromising their test performance. Arranging for transportation to the school also may be a problem.

**Scheduling assessment.** Whenever possible, assessments should be scheduled at the convenience of the parents and at times when the child is most alert and likely to perform optimally. A child who normally naps in the afternoon should not be scheduled for testing during that time period.

The duration of the testing period will vary from child to child. For some children, it may be necessary to conduct an assessment over several short sessions or in different environments.

When an assessment is scheduled in advance, it is good practice to remind parents of the appointment through a phone call or a note.

**Administering tests.** The person who completes the assessment should be very familiar with the test items and the materials. All necessary materials should be gathered ahead of time. Materials include the test kit, record forms, pencils, a stopwatch, tissues, crayons, blank paper, and toys to build rapport, or to occupy the child while you are talking to the parent. If the test is standardized, the examiner should have previous training and/or experience in administering the test. Manuals for norm-referenced tests generally specify the qualifications and experience needed by those who may administer the test. The manuals also include the instructions to be given to the child. The instructions must be followed exactly for the test results to be considered valid according to the provided norms.

The first few minutes of any assessment session should be devoted to establishing rapport with the child. With children who are especially reluctant to interact with a new and unfamiliar adult, it may be necessary to make several contacts before any assessment begins. Also, before beginning testing, the examiner should make sure that the child is not hungry or thirsty and does not need to use the bathroom.

A good practice in any assessment situation is to keep an anecdotal record of certain child behaviors and significant incidents that occur during the testing session. Examples could include extreme stress reactions (e.g., crying, refusal to cooperate), highly effective motivators, reasons for failing an item (e.g., the skill seemed too difficult, the child refused to attempt the task), a preferred method of responding (i.e., verbal vs. nonverbal), and the child's degree of perseverance.

Whether parents should be present during evaluation procedures can be a major assessment issue for early educators. There are several potential advantages of having the parents present: a) the child may feel more comfortable with the parent present, b) the parent may be able to elicit performance which the examiner cannot, and c) parents' observation of the test administration may make it easier to discuss the results afterwards. There also are strong considerations for not having parents present. First, some norm-referenced tests (e.g., McCarthy Scales of Children's Abilities) specify that parents should not be present, as they were not present during the standardization of the test. Second, some children fail to perform their "best" when parents are present. Whether a child's parents are asked to be present or absent during testing is a decision EEE personnel must make based upon the individual characteristics of the child and his or her family.

**Scoring and interpreting test results.** Tests should be scored as soon after they have been administered as possible. The interpretation of test results involves an analysis of the child's performance during the assessment as a whole, his/her score on each test domain and subdomain, and on individual items. Test interpretation further involves the examination of test results relative to the assessment questions included in the evaluation plan. In interpreting test results, any anecdotal data collected during the test administration should be examined to determine whether the child's test behavior was representative of the child's usual behavior and whether the child exhibited any behaviors which seemed to interfere with the acquisition of valid results.

### Conducting ecological analyses

An ecological analysis or environmental inventory is an assessment approach which identifies the critical skills the child needs to acquire and perform in order to function as independently as possible in a specific environment. Using this approach, the environments frequently used or likely to be used by the child are analyzed. Future environments, such as the kindergarten classroom, are observed and analyzed as well, so that the EEE curriculum can be modified to incorporate skills the child will need in the next educational setting as potential IEP goals. The steps involved in conducting an ecological analyses are:

1. select an environment (e.g., home),
2. divide it into relevant areas (e.g., kitchen, bathroom, playroom),
3. delineate activities relevant to the area (e.g., breakfast), and
4. specify skills necessary to complete the activity (e.g., self feeding).

Next, the skills identified as necessary for independence in an environment are put in a checklist format and are used to assess the child. The areas of "mismatch" or discrepancy (i.e., the child does not perform the skill) are used as a basis for targeting IEP objectives and/or for modifying the environment to enable the child to more fully participate. Table 4, taken from Haas and Hanline (1983), illustrates an analysis of skills critical for independent functioning in the home environment and provides a framework for designing non-school environmental inventories.

### Creating a Written Evaluation Report

All assessment information must be compiled and synthesized into an evaluation report. The organization of the report should relate to the assessment areas and questions asked in the evaluation plan. It is important that the report focus on the interpretation of assessment data in relation to the way the "whole child" functions, rather than on isolated scores or diagnostic labels. Identification of the child's strengths and weaknesses, learning style, and preferred levels of interaction across a variety of settings is necessary to plan individualized experiences and interventions which will facilitate development.

Different members of the BST may write portions of the written evaluation report relating to assessments they performed in their area of expertise. It is crucial that the team use professional judgement when they meet to jointly consider the interrelationship of the child's skills, assets and deficits. Moreover, the conclusions and recommendations included in the written evaluation report should represent their consensus opinion regarding the child's functional abilities. Careful attention should be paid to keeping the report free of jargon so that it is clear to parents and professionals in related fields.

It is a good idea to send a copy of the written evaluation report to the parents before the IEP meeting. It is also good practice to review it with them and to answer questions about any information that they may not understand. This can open lines of communication between parents and educators and can help them prepare for the IEP meeting. In addition, if parents disagree and want to have an independent evaluation (State Regulation 2364.3.4), they can begin that procedure. A sample written evaluation report can be found in Appendix K.

## Conducting Annual Assessments for Programmatic Purposes

In addition to completing a comprehensive evaluation or re-evaluation (see Chapter 11: Comprehensive Re-evaluation), it is recommended that the child be assessed on an annual basis for the purpose of IEP development. This does not mean that the complete comprehensive evaluation process is carried out; rather, only those assessment instruments and procedures which are most closely referenced to the EEE program's curriculum and IEP development are administered. The information that is collected from these assessments will contribute to the annual review process and update the IEP team's picture of the child's strengths and program needs.

## TABLE 4

## Example of an Ecological Analysis of a Home Activity

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ENVIRONMENT: home

SUBENVIRONMENTS

Food preparation area
Dining/eating area - - - - - - - SUBENVIRONMENT: eating area
Sleeping area
Dressing area
Hygiene area
Family recreational area
Laundry area
Workshop
Foyer/entrance area
Garage/carport
Yard
General: throughout house

ACTIVITIES

Ingesting solid food
Ingesting liquids
Use of utensils
Table manners
Setting the table - - - - - - ACTIVITY: setting the table
Clearing the table

SKILLS

1. Takes plates and/or bowls to table
2. Places plates in proper place on table
3. Takes glasses and/or cups to table
4. Places glasses and/or cups in proper place on table
5. Takes napkins to table
6. Places napkins in proper place on table
7. Takes silverware to table
8. Places silverware in proper place on table
9. Takes serving bowls of food to table
10. Places serving bowls of food in proper place on table

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Taken from: Haas & Hanline, in Guess & Sailor (Eds.) Severely handicapped students: An instructional design, 1983.

## Chapter 10: ELIGIBILITY DETERMINATION

### DEFINITION

Eligibility determination is a decision-making process for determining which children qualify for Essential Early Education services based upon assessment information collected.

### RATIONALE

Essential Early Education services are intended for preschoolers with developmental delays or handicaps. Because typical development falls along a continuum, determining what constitutes a significant developmental delay may vary from program to program. Eligibility criteria (listed in the introduction to Section III) specify which children are considered "handicapped" in the State of Vermont and can receive EEE services.

### GUIDELINES

To be eligible for Essential Early Education services in Vermont, a child should be below the legal school age in the school district in which he/she resides. (See Chapter 11: Comprehensive Re-evaluation for a discussion of issues surrounding eligibility criteria as they apply to children with handicaps who move into school age programs.) In addition, the child must demonstrate an observable and measurable developmental delay in one or more of the fundamental skill areas or have a medical condition which will hinder future success in home, school and community without the proper intervention. The following discussion will focus on determining eligibility due to 1) a fundamental skill deficit, or 2) a medical condition.

#### Determining eligibility due to a fundamental skill deficit

The fundamental skill areas include speech, receptive language, expressive language, gross motor skills, fine motor skills, cognitive ability, self-help skills, social and/or adaptive behavior skills, and social/emotional development. A deficit in the fundamental skill areas is determined if the child has not achieved the competencies expected for his/her age as verified through a comprehensive evaluation process which uses instruments from the current State of Vermont approved lists of assessments in special education (see Appendix J for the list). It must be shown that a significant discrepancy exists between the child's chronological age and his/her current level of functioning. This discrepancy can be expressed in months or percentile ranks with developmental assessments which are based on such scales, or in standard deviations if instruments have been standardized. For Vermont, a child is eligible for services if she/he demonstrates a developmental delay of the following magnitude:

1. For children ages birth to 2 years, 11 months- the delay must be "clearly observable and measurable".
2. For children 3 years to 4 years, 11 months- there must be at least an 18 month delay.
3. For children 5 years to 5 years, 11 months- there must be at least a 2 year delay.

Most states require documentation of a 25% delay to provide special education services. However, for children ages 3 to 5 years, Vermont requires up to a 50% discrepancy. It must be recognized that some assessment instruments do not lend themselves to this type of scoring and may not provide an adequate measure of the skill in question. (See Chapter 9: Comprehensive Evaluation Process for an in-depth discussion of testing limitations.) Careful professional judgment is required to make the necessary translations from data to functional age level.

Preschool eligibility standards for speech impaired are different than those used to determine eligibility for school aged children. (See Section 2362.1.1 [a-h] of Vermont Special Education Rules.) When a preschool aged child is determined handicapped and eligible for special education services in the area of speech and language impairment, the written evaluation report must make reference to the amount of developmental discrepancy:

1. Language impairment - comprehensive assessments in the area of language can yield a language age. This language age can be used to determine the required developmental discrepancy.

for his/her age as verified through a comprehensive evaluation process which uses instruments from the current State of Vermont approved lists of assessments in special education (see Appendix J for the list). It must be shown that a significant discrepancy exists between the child's chronological age and his/her current level of functioning. This discrepancy can be expressed in months or percentile ranks with developmental assessments which are based on such scales, or in standard deviations if instruments have been standardized. For Vermont, a child is eligible for services if she/he demonstrates a developmental delay of the following magnitude:

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1. Language impairment - comprehensive assessments in the area of language can yield a language age. This language age can be used to determine the required developmental discrepancy.

2. Articulation impairment - comprehensive assessments in the area of articulation will yield misarticulated phonemes or sounds which the child is expected to produce correctly at a certain age. It is also useful to describe the deviant phonological pattern. While a developmental delay can be determined in this way, probably the best indicator of eligibility in this area is the degree of intelligibility. A child who is unintelligible, or intelligible only if the topic of conversation is known, is clearly eligible.

The final two areas do not lend themselves to developmental discrepancy measurements. These conditions, however, are serious enough for the Basic Staffing Team to determine eligibility if they are encountered.

3. Voice impairment - comprehensive assessments in the area of voice must include an examination by a nose and throat specialist. Children whose voices are grossly abnormal may be considered for eligibility. In this context, grossly abnormal refers to such extremely deviant conditions as no voice or extreme harshness, making it difficult for the child to speak or be understood.

4. Dysfluency (stuttering) - The comprehensive assessment for a dysfluent child should indicate that the child in question is a severe stutterer whose speech is accompanied by struggle behavior and/or associated mannerisms.

Moreover, it is important that Basic Staffing Teams differentiate between eligibility standards used for speech and/or language impaired preschoolers vs. standards used for speech and/or language impaired school age students. It is equally important that the written evaluation reports reflect this difference (Farnum & Hull, 1984).

**Establishing eligibility due to a medical condition**

The child may be diagnosed by an appropriate professional as having a medical condition which is known to result in delayed or impaired achievement by the time the child attains school age. The following are examples of medical conditions which should be considered:

a) Hearing loss which can be verified or estimated to be significant as indicated through an audiological evaluation or through behavioral response as documented by qualified professionals.

b) Visual loss which meets the definition of legally blind or when the child is unable to respond effectively to visual stimuli as a result of some other factor involved in visual functioning (such as brain stem disorder or dysfunction of visual cortex).

c) Orthopedic impairment which prevents the development of other skills by decreasing mobility to the extent that there is reduced sensory stimulation during critical periods of growth. Example: congenital dislocation of the hip, reduction deformities of upper or lower hip, spina bifida, cerebral palsy, rheumatoid arthritis.

d) Organic diseases or syndromes which have known sequelae, i.e., tuberous sclerosis, hydrocephalus, epilepsy, muscular dystrophy, fetal alcohol syndrome, etc.

e) Chromosomal or endocrine abnormalities such as Down Syndrome, Kleinfelter Syndrome, Turner Syndrome, etc.

f) Infantile autism.

Records which are supplied by concerned physicians or hospitals may be used to authenticate the diagnosis and to assist in indicating its implications for the educational setting. Medical reports should be current within one year except for those verifying chronic or constant disorders.

### Determining Eligibility

Comprehensive evaluation procedures are conducted for all children who have been identified through screening procedures as possibly handicapped and in need of Essential Early Education services. Prior to conducting a comprehensive evaluation for determining eligibility, there are a set of steps to follow which include establishing a basic staffing team to create an evaluation plan and carrying out the evaluation plan. When all evaluations have been completed, a basic staffing team (BST) meeting is scheduled by the Essential Early Education Coordinator. Ideally, that means that each person who evaluated the child, including the Essential Early Education Coordinator, is present at this meeting. Parental involvement is recommended, but is dependent upon local school district policy. If the evaluations were completed by a regional EEE program and not the child's local school district, a representative from the child's LEA must be present.

At this meeting, the evaluation information is discussed, and a determination of the child's eligibility for services is made.

1. If a child is eligible for services, the Essential Early Education Coordinator notifies the referring agent and the child's parents. It is strongly recommended that a copy of the written evaluation report be explained and given to the child's parents. The parents must sign a consent for initial placement. While parents are informed of their legal rights before the evaluation, it is recommended that the rights are gone over again with the parents when they are given a copy of the written evaluation report. Although this consent can be obtained prior to or at the time of the IEP meeting, the child cannot legally receive any services until the IEP is signed.

2) If the basic staffing team determines that a child is ineligible for services, the Essential Early Education Coordinator then notifies the child's parents and the referring agency. In some instances, where concern still exists, a plan to monitor the child's progress in specific areas is made. For example, at the time of comprehensive evaluation, a child may exhibit some delays (in fundamental skills) but not enough to warrant eligibility for Essential Early Education services. Since the discrepancy between the child's chronological age and developmental skills may increase as s/he grows older, eligibility may change. The monitoring plan may be completed by EEE staff during the early childhood years and be carried out by school personnel once the child becomes school aged. Decisions regarding areas to include for follow-up and criteria which will warrant future re-evaluation should be made by the BST.

3) It is permissible for the local educational agency to accept the results of evaluations performed by outside agencies as long as they were completed in accordance with the procedures outlined in Chapter 9: Comprehensive Evaluation Process. In addition, the following considerations need to be made:

    a) It is particularly important in instances where portions of the evaluation have been conducted by outside agencies that the child meet the EEE eligibility criteria specified in the state rules of special education irrespective of the findings and conclusions of the outside evaluator(s).

    b) The essential early educator specifies to the parents that the child must be found eligible for service according to the current eligibility standards promulgated by the State of Vermont.

# Chapter 11: COMPREHENSIVE RE-EVALUATION

## DEFINITION

A comprehensive re-evaluation is an analysis of a child's documented performance by the Basic Staffing Team to determine if revisions of the educational program are warranted and whether the child continues to be eligible for special education services. Such re-evaluation includes collection and review of all pertinent records as well as scheduling and completion of new assessments by the Basic Staffing Team and other necessary specialists.

## RATIONALE

Due to child changes that occur with the passage of time (developmental and educational), a child's areas of need and strength may be altered. A young handicapped child should be re-evaluated periodically to determine if the educational plan is still needed and adequate in light of the changes.

## GUIDELINES

### Interpretation of the Special Education Rules according to Information Circular 118, (1985)

The IEP for young handicapped children who will transition into a different program (e.g., from an EEE program into a public kindergarten program) should be reviewed, but a formal re-evaluation is not mandated until three years from the date of the original comprehensive evaluation. For example, a child who is found eligible at age three does not need to be re-evaluated until age six when he or she would be of "legal school age". If that child moves from his or her EEE placement into kindergarten at age five, eligibility for special education services does not have to be redetermined.

It is an important point that a comprehensive re-evaluation is required whenever the responsible agency proposes to alter a child's placement or program. However, according to policy interpretation as indicated in Information Circular 118 (1985), issued by the Special Education Unit of the State of Vermont Department of Education:

> Moving from an Essential Early Education program into a regular kindergarten or first grade classroom is not considered to be a "change in placement" as the term is used in the Vermont rules. Placing a child in kindergarten or first grade is the normal procedure for children who complete Essential Early Education. Eligibility requirements for EEE program placement are different from those used when a child reaches "legal school age." (In Vermont, "legal school age" refers to an individual who is or will become six years of age on or before January 1 following the beginning of the school year). At the point of re-evaluation, the question of whether to apply Essential Early Education criteria from Section 2365.8.3.1 or school age criteria from Section 2362 (of the Vermont State Rules) should be answered based on the age of the child. If he or she is under age 6.0, Essential Early Education criteria should be applied. For students six and above, school age criteria should be used.
>
> If a child is re-evaluated under the school age criteria but does not qualify, consideration should be given to making him or her eligible under Section 2362.1.2 (Eligibility) if EEE personnel believe the child risks failure in any way by entering kindergarten or first grade without special services. Moreover, services should not be terminated at this critical juncture unless requested by the child's EEE teachers and other individuals who meet to develop the kindergarten or first grade IEP.

### General Guidelines for Conducting a Comprehensive Re-evaluation

The process for conducting and following up on comprehensive re-evaluations is identical to the sequence used for conducting the initial Comprehensive Evaluations (See Chapter 9) and Determining Eligibility (See Chapter 10).

Parent involvement in the re-evaluation process is important. (See Section V: Family Involvement, for state regulations [Section 2364.3] concerning Parental Rights). Briefly, it is necessary that parents are notified of testing for re-evaluation. When re-evaluations have been completed, it is good practice for parents to receive a written notice about scheduling a conference with the Basic Staffing Team. (The degree of parent participation on the Basic Staffing Team is subject to local district policy). It is also important that meetings are held at a time convenient to both parents and involved school staff.

A copy of the Basic Staffing Team written evaluation report should be given to parents who should have ample time to study the findings about their child before making any decisions. The Basic Staffing Team will review the evaluation information with the parents and determine if the child remains eligible for special education and related services.

## Section IV: INSTRUCTIONAL PLANNING AND IMPLEMENTATION

### DEFINITION

Instructional planning and implementation is a process for determining and providing appropriate educational and related services in the least restrictive environment, beginning with the child's entry into the EEE program and ending with the child's transition into the next educational setting.

### RATIONALE

An overall process for planning and implementing these services needs to be in place to ensure that the special education and related services provided by an EEE program appropriately address the individual needs of all children and their families, occur in the least restrictive environment, reflect the goals and beliefs of the program's stakeholders, and smoothly continue with the child's transition into the elementary school setting.

### REGULATIONS

#### State Regulations

**Section 2365.8.4.1 Instruction**

Instruction shall be based on assessment of fundamental skills and shall be designed to accelerate progress in these skills. A written educational plan shall be developed for each child within 30 days following a determination of eligibility.

**Section 2565.8.4.2 Setting**

Educational services may be provided in any of the following ways:

1. As a supplemental service provided in a regular nursery school, or Head Start Program or by an Essential Early Education program;
2. As consultation or direct work with the child;
3. In self-contained special classes or center-based services;
4. As home training on a regular basis with the parent and child;
5. At child care or other facilities for children who are away from home during the day.

**Section 2363.3 Individualized Education Program (IEP)**

The responsible agency shall provide special education and related services to handicapped pupils in accordance with an individualized education program (IEP) using the information from the comprehensive evaluation. The IEP shall be developed or revised at an IEP meeting (2364.2.1). An individual education program based on a pupil's needs shall be developed for each handicapped pupil and shall include a statement of:

1. present levels of educational performance;
2. annual goals, including short-term instructional objectives;
3. the specific special education and related services to be provided, including the extent to which the pupil will be able to participate in regular educational programs;
4. the projected dates for initiation of services and the anticipated duration of services; and,
5. appropriate objective criteria and evaluation procedures and schedules for annually determining whether short-term instructional objectives are met.

**Section 2363.3.1**

An IEP shall be developed within 30 calendar days following determination of eligibility by the Basic Staffing Team.

## Section 2363.4 Least Restrictive Alternative.

**Section 2363.4.1**

General Requirements: Each responsible agency shall educate handicapped pupils to the maximum extent appropriate with their non-handicapped, chronological age peers in the schools they would attend if not handicapped. Hindrances to the learning and normal functioning of handicapped pupils within the regular school environment shall be overcome whenever possible by the provision of special resources and services rather than by placement in separate special education programs. Special classes, separate schooling or other removal of pupils from the regular educational environment shall occur only when and to the extent that the nature of the educational handicap or other condition within the school is such that education in regular classes, even with the use of supplementary aids and services, cannot be accomplished satisfactorily.

**Section 2363.4.2**

Continuum Concept: In complying with 2363.4.1, each responsible agency shall provide or arrange for the provision of a continuum of alternative placements to meet the special education needs of handicapped pupils.

**Section 2363.4.3**

Procedures: It is the responsibility of the IEP meeting participants to consider a continuum of alternative placements and to determine placements for handicapped pupils which represent the least restrictive environment. It is further the responsibility of all participants at the IEP meeting to determine that the implementation of the least restrictive environment provision will not produce a harmful effect on the pupil or reduce the quality of services which he or she requires.

Administrators shall ensure that placements are being made on an individual rather than a categorical basis.

## Section 2364.2 Individual Education Program Meeting (IEP).

**Section 2364.2.1**

Each responsible agency shall initiate and conduct meetings for the purpose of developing, reviewing, and revising an individualized education program. At least one participant at the IEP meeting shall have been a member of the pupil's Basic Staffing Team. The responsible agency shall insure that each IEP meeting includes the following participants:

(1) The pupil's teacher;

(2) A representative of the responsible agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education;

(3) One or both of the pupil's parents, pursuant to 2364.2.2;

(4) The pupil, where appropriate; and,

(5) Other individuals at the discretion of the parent or agency.

**Section 2364.2.2**

Each responsible agency shall take steps to insure that one or both parents are present at each IEP meeting or are given the opportunity to participate. Parents shall be informed that upon their request, the results of their child's comprehensive evaluation will be available to them prior to the IEP meeting.

(1) Parents shall be notified early enough to insure that they will have an opportunity to attend. The notice shall indicate the purpose, time, and location of the meeting, and who will be in attendance.

(2) Meetings shall be scheduled at a mutually agreed on time and place.

(3) If neither parent can attend, the responsible agency shall use other methods to insure parent participation including individual or conference telephone calls.

(4) A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency must have a record of its attempts to arrange a mutually agreed on time and place.

(5) The responsible agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

(6) The responsible agency shall give the parent, on request, a copy of the individualized education program.

(7) The responsible agency shall obtain parental signatures on the IEP unless each of the following conditions have been met:

    (a) parent consent for initial evaluation and initial placement have been obtained; and,

    (b) parents have been appropriately notified of their right to participate in the development of the IEP.

## GUIDELINES

The chapters located in **Section IV** address those components critical to providing appropriate education and related services in current and future least restrictive settings. The information presented in each of the six chapters builds upon the information and guidelines presented in chapters of earlier sections, notably Section I: Overall Program Development and Section III: Assessment for Eligibility and Educational Planning. The six chapters in this section include:

**Chapter 12: Curriculum Planning**

**Chapter 13: Individualized Education Program (IEP)**

**Chapter 14: Related Services**

**Chapter 15: Method of Instruction**

**Chapter 16: Monitoring Child Progress**

**Chapter 17: Transition Planning**

# Chapter 12: CURRICULUM PLANNING

## DEFINITION

A curriculum is the "what to teach" or content of an educational program (Bagnato & Neisworth, 1981). A curriculum may contain several components: 1) a philosophical basis or theoretical framework, 2) curriculum domains, 3) educational goals within each domain, 4) instructional skill sequences for each goal, 5) related assessment instruments and procedures, 6) instructional materials, 7) instructional strategies and activities, and 8) a system for monitoring child progress.

## RATIONALE

A program's curriculum is one of the primary bases for generating the goals and objectives of a child's educational plan. Developing a curriculum insures that the educational content of an EEE program reflects the program's overall philosophy or purpose rather than the content of particular commercially available assessment instruments or curricula. A clearly defined curriculum also insures that program personnel, the child's family, and related professionals are better able to act in concert to select instructional goals and objectives for the child.

## GUIDELINES

In this chapter, guidelines are presented for defining and establishing the following components that make up a curriculum:

1. Philosophical orientation of the program's curriculum, as represented by general program belief and goal statements.
2. Curriculum domains that specify the major skill areas addressed within the scope of the program's curriculum.
3. Curriculum subdomains which specify subcategories of related skills under each domain.

4. *Long-range educational goals* for each subdomain that identify desired skills and competencies for all children to master.
5. *Instructional skill sequences* that specify a step-by-step teaching progression of individual skill items leading to each long-range goal.

The content of a program's curriculum is determined primarily from the program's curriculum philosophy rather than from a currently used curriculum instrument. The domains and subdomain components of a curriculum further identify the scope of a program's curriculum, and provide an organizational system for utilizing the long-range goals and individual skill sequences for assessment and IEP planning purposes. The long-range goals and instructional skill sequences, which are organized under the curriculum domains/subdomains, identify potential (and desirable) educational goals and objectives for each and every child served by the EEE program. (See Figure 1 at the end of this chapter.)

Because curriculum development is a task that requires considerable time and expertise, program staff are encouraged to initially utilize existing curricula, adapted to the EEE program's philosophy, goals and target population of students. A three-year plan for **curriculum development** is presented at the end of this chapter and summarized in Table 1.

TABLE 1

**General Timelines for Curriculum Development and Implementation**

| Timeline | Curriculum Development Goals | Curriculum Implementation Goals |
|---|---|---|
| First Year: | Identify and define the EEE program's curricular beliefs and goals | Select appropriate existing curricula for use |
| | Identify the program's curriculum domains | Modify and utilize the curricula selected for use |
| Second Year: | Identify program's curriculum subdomains | Continue to modify and utilize the curricula selected for use |
| | Develop long-range goals for each subdomain | |
| Third Year and ongoing: | Construct instructional skill sequences for each long-range goal | Continue to modify and utilize the curricula selected for use |

Guidelines for curriculum development are organized into five major sections:

I. Identifying and Defining Curriculum Philosophy
II. Defining the Curriculum Domains
III. Identifying Curriculum Subdomains
IV. Generating Long-Range Goals
V. Generating Instructional Skill Sequences

## Identifying and Defining Curriculum Philosophy

The underlying philosophy or mission of an EEE program should serve to guide the development and implementation of a program's curriculum goals as well as any programmatic decisions regarding individual children served by the program. Example of **curriculum goals** derived from curriculum philosophy statements are presented in Table 2.

**TABLE 2**

| | | |
|---|---|---|
| Curriculum Philosophy: | | The EEE curriculum should include skills that prepare children to participate in current and future least restrictive home, school, and community settings. |
| | | The EEE curriculum should include skills that enable children to interact with their families in a positive, reciprocal, and mutually-beneficial manner. |
| **CURRICULUM GOALS:** | 1. | Each child will be able to participate successfully in a kindergarten setting. |
| | 2. | Each child will be able to independently follow routines at home and school. |
| | 3. | Each child will be able to display affection appropriately, and respond appropriately to displays of affection from his/her family and friends. |
| | 4. | Each child will be able to communicate his/her needs, desires, and thoughts with other children and adults. |

## Philosophical bases of curricula

A number of comprehensive reviews have recently examined the predominant approaches to curriculum development in early childhood special education (e.g., see Bailey & Wolery, 1984; 1985; Bricker, 1986; Brinker, 1985; Dunst, 1980; Reichle, Williams, Vogelsberg & Williams, 1980; Vincent, et.al., 1980). Authors of these reviews identify three philosophical approaches typically adopted in EEE programs: 1) a developmental milestones approach, 2) a developmental-theory based approach, and 3) a functional/ecological approach (Bailey & Wolery, 1985; Dunst, 1980). A **developmental milestones** approach targets skills or milestones that children without handicaps typically acquire and demonstrate over time. A **developmental-theory based** approach utilizes theoretical orientations (e.g., Piaget) to generate skill sequences that build upon the child's present skills. This approach typically focuses upon skills which enable the child to interact and cope with his/her world in an active and problem-solving manner. A **functional/ecological** approach targets skills which increase the child's ability to successfully and independently participate in settings in which young children typically participate. Table 3 summarizes **advantages and disadvantages** of each of these three approaches.

The exclusive use of the developmental milestones approach to generate curricula for EEE programs generally is not recommended. Brinker (1985) and Turnbull (1986) have articulated the two major criticisms of this approach. First, curriculum objectives generated from a developmental milestones approach are usually "dissociated from the behavior in which the child is usually engaged, they are dissociated from the environment in which the child usually behaves or will be required to behave in the future, and finally they are often dissociated from each other (p. 217, Brinker, 1985)." The second major criticism is ethical in nature. The developmental milestones approach, with its "standards" of performance supports what has been called a "fix it" model of intervention (Turnbull, 1986). A "fix it" model assumes that a child who is not performing as expected has something "wrong" that needs

## TABLE 3

### Advantages, and Disadvantages of the Developmental Milestones, Developmental-theory Based and Functional Approaches to EEE Curricula

| APPROACH | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| Developmental Milestones | 1. The primary advantage of this approach is that there are several curricula available for use by EEE programs. Adequate sources for generating curriculum content (subdomains, and instructional skill sequences) across all of the major domains exist.<br>2. Easy to understand and widely accepted.<br>3. Extensive literature on typical development is accessible. | 1. Many milestones that differentiate children by age are not necessarily important for present or future functioning.<br>2. The observed developmental sequences do not necessarily readily translate into appropriate instructional sequences.<br>3. The use of milestones does not facilitate the identification of functional alternatives if a handicap prevents the child from performing the particular behavior.<br>4. The associated emphasis on "readiness" limits what may be taught, and may place the blame for a child failing to learn on the child rather than on the instructional program. |
| Theory-based Developmental Approach | 1. Individual skills and skill sequences follow a logical (theoretical) step-by-step progression and should provide a more appopriate instructional sequence than sequences from a developmental milestones approach.<br>2. Skills which reflect and expand upon the child's current abilities (i.e., "match") are targeted.<br>3. Skill sequences recognize the importance of interrelationships which exist across domains and subdomains.<br>4. There is a growing literature base to support and operationalize this approach. | 1. There are few curricula available which reflect this philosophical approach.<br>2. Incorporating this approach requires that a considerable amount of time be spent observing and assessing the child across a number of settings and activities.<br>3. The skill sequences and underlying theoretical beliefs may be based upon the development of children without handicaps and, consequently, may not be completely generalizable in use with children with handicaps.<br>4. The logic or theory explaining normal development does not necessarily translate into instructional sequences. |
| Functional/Ecological Approach | 1. Easy to understand.<br>2. Emphasizes teaching skills that directly result in increasing child's ability to function across present and future settings.<br>3. Utilizes task analyses for constructing appropriate instructional skill sequences.<br>4. Targets skills which are typically elicited and supported in the child's natural environment.<br>5. The skill sequences can easily be adapted into functional alternatives according to the child's handicap. | 1. There are very few curricula available that are applicable to young children.<br>2. Considerable time is required to conduct ecological analyses to determine relevant functional skill sequences.<br>3. Using functional skills curricula that were developed in one community (e.g., Madison, Wisconsin) may emphasize skills that are not as important or critical in another area (e.g., Montpelier, Vermont). |

to be fixed. Viewing young children with handicaps as "broken," "not right," or "in need of fixing" does not recognize children's many existing abilities nor their inherent value as children.

Because of these major limitations, a majority of the authors reviewed recommend a synthesis of the two remaining approaches - the functional/ecological and the developmental-theory based curricular approaches (Bricker, 1986; Brinker, 1985; Bailey & Wolery, 1985; Dunst, 1980). This combined approach emphasizes instruction which enables young children with handicaps to:

1. engage in interactions with their families and "significant" others which are positive, reciprocal, and mutually beneficial;
2. explore and act upon their social and physical environments to learn new skills and apply familiar skills to new situations;
3. adapt to the characteristics and demands of the materials, people and settings with whom they interact;
4. function successfully and independently in current and future least restrictive settings (i.e., home, school, and community);
5. acquire a sense of competence, control, and positive self concept in the settings in which they participate; and
6. build and expand upon the child's existing or emerging repertoire of skills for coping and interacting with his/her world.

An eclectic curricular approach also emphasizes the need to address the needs of families in curriculum goals.

### Procedures for generating philosophical statements

Since the curriculum is a major component of an EEE program, it is important that the stakeholders, the individuals with an investment in the EEE program and its curriculum (i.e., EEE staff, parents of children currently and formerly enrolled in the EEE program, administrators, other school personnel, regular early childhood caregivers and teachers, and professionals from other related agencies), meet to generate beliefs, tenets, and outcome statements regarding what they feel all young children should be able to do. Procedures which this stakeholder group may follow in generating a curriculum philosophy for an EEE program appear in Chapter 2: Programmatic Philosophy and Policies.

Questions which the group should ask in identifying their philosophy regarding the program's curriculum include:

1. What are the purposes or goals of an EEE program in providing services to young children with handicaps and their families?
2. What knowledge, skills, and concepts do all young children, handicapped and nonhandicapped, need to learn?
3. What knowledge, skills, and concepts should young children with handicaps learn by the time they leave an EEE Program?

### Defining the Curriculum Domains

Once a program's curriculum philosophy has been generated, curriculum domains need to be defined. Defining curricular domains is important for at least the following reasons:

1. It assists the program in operationalizing its curriculum philosophy.
2. The domains taken together define the scope of the curriculum and enable stakeholders to initially determine if the curriculum is broad enough to meet the needs of each and every child.
3. The domains provide an organizational structure for assisting service providers and consumers in making program decisions in an easy and efficient manner.
4. The domains serve to integrate educational and related services staff and promote more team-based program planning and implementation.

#### Common curriculum domains

Historically, EEE curricula have reflected a developmental orientation and included the following domains: gross motor, fine motor, cognitive, language/communication, social, and self care. Oftentimes, specific skill areas such as "pre-academic skills" or "concepts" appear as curriculum domains. Only recently have ecological/functional skill areas such as "kindergarten survival skills" or "skills needed to function within the home setting" been included as domains. The particular curriculum domains selected by an EEE program should reflect the program's curriculum philosophy and goals and try to combine the various types of domains mentioned above. Including more traditional developmental-behavioral domains (i.e., gross motor, fine motor, cognitive, language/communication, social, and self care) has the advantage of allowing the program to use existing curricula and assessment instruments, the overwhelming majority of which are organized according to these developmental domains. Table 4 below illustrates common **curriculum domains** which might exist for the associated curriculum goals.

---

**TABLE 4**

| | |
|---|---|
| Curriculum Goals: | Each child will be able to participate successfully in a kindergarten setting.<br>Each child will be able to communicate his/her needs, desires, and thoughts with other children and adults. |
| **CURRICULUM DOMAINS:** | 1. Gross and Fine Motor<br>2. Social<br>3. Survival skills<br>4. Communication<br>5. Pre-academic/Cognitive |

---

### Procedures for defining curriculum domains

General steps which EEE program staff should follow for generating their curriculum domains are as follows:

1. The EEE staff review available curriculum instruments which reflect the philosophical approach adopted by the program to assist in identifying the curriculum domains.

2. The EEE staff conduct ongoing ecological analyses of the various home, educational, child care, and community settings in which young children participate, presently and in the future, in order to identify important routine and skill domains (please refer to Chapter 9: Comprehensive Evaluation Process, for guidelines on conducting ecological analyses).

3. The EEE program staff identify and define curriculum domains keeping in mind the considerations discussed above. It is recommended that this activity of identifying and defining the curriculum domains occur at the same time EEE staff are developing an initial draft of the curriculum philosophy statements.

4. The domains and their definitions (along with the program's statement of curricular beliefs and goals) are presented to stakeholders for review and ratification. Questions to be answered by the stakeholders include: Are the domains (as well as the subdomains and long-range goals) clear and understandable? Do they reflect the program's goals and beliefs? Are they broad enough in scope to meet the needs of all children served by the EEE program? Are they easy to use for individual assessment and program planning purposes?

5. The EEE staff revise the domains and their definitions based upon the feedback received from the stakeholders.

### Identifying Curriculum Subdomains

Once curriculum domains are identified and defined, the next step in the process of developing a program curriculum is to identify subgroups of behaviors under each domain. These subgroups have been referred to as subdomains or strands (Bricker, 1986; CAPE, 1980; White, 1980). A subdomain is comprised of "behaviors thought to be functionally uniform or conceptually related behaviors. This means that either the essential **function** or the **form** of the behaviors is the same throughout the subdomain (Bricker, 1986; p. 304)." Table 5 offers examples of potential **subdomains** in the communication and gross motor curriculum domains. Subdomains within domains further operationalize a program's curriculum philosophy and organize the curriculum content.

#### Procedures for identifying curriculum subdomains

General steps which EEE program staff may follow for identifying skill subdomains under each of their curriculum domains are as follows:

Step 1: Review current publications and curricula reflecting the program's philosophy to identify subdomains or subdomains commonly used.

TABLE 5

| | |
|---|---|
| Curriculum Domain: | Communication |
| **CURRICULUM SUBDOMAINS:** | 1. Comprehension of words and sentences<br>2. Production of signals, words, and sentences<br>3. Social communicative interactions |
| Curriculum Domain: | Gross Motor |
| **CURRICULUM SUBDOMAINS:** | 1. Head Control<br>2. Balance and movement in sitting position<br>3. Balance and movement in upright position<br>4. Locomotion<br>5. Play skills |

Step 2: Observe the current and likely future settings in which young children participate and interview those who manage these settings to identify additional subdomains relevant to the children served by the EEE program.

Step 3: Review existing resources and ecological analyses to identify subgroupings of individual skills according to their similarity of _function_ (e.g., locomotion, obtains objects, requests assistance) or _form_ (e.g., grasps small materials, object permanence, classifies objects according to size and shape). These subdomains of behaviors may encompass a broad range of functioning and development.

Step 4: Present the subdomains for each domain, along with their associated long-range goals (discussed below) to the program's stakeholders for review and ratification. Make any necessary revisions based upon the feedback received.

### Generating Long-Range Goals Within Each Subdomain

After subdomains have been identified, long-range goals need to be generated for each subdomain. The long-range goals are general statements of major skill or knowledge competencies within a subdomain and are written in the same format as annual educational goals of an IEP. The curriculum domains and subdomains provide an organizational framework for long-range goals and their accompanying instructional skill sequences. Long-range goals reflect the scope of educational content within a subdomain. If the scope a subdomain covers is broad, including a large number of different types of skills, there likely will be a large number of long-range goals within that particular subdomain. See Table 6 for examples of **long-range goals** in communication and gross motor subdomains.

---

**TABLE 6**

Curriculum Domain: Communication
Curriculum Subdomain: Social communicative interactions

**LONG-RANGE GOALS:**

1. Each child will be able to communicate his/her own needs, thoughts, and feelings with others
2. Each child will be able to initiate and maintain simple conversations with others

Curriculum Domain: Gross Motor
Curriculum Subdomain: Active play skills

**LONG-RANGE GOALS:**

1. Each child will demonstrate appropriate play skills with various types of outside equipment (e.g., playground, balls, wheel toys).

---

By identifying desired levels of performance for each long-range goal, the stakeholders developing an EEE program's curriculum can match the curriculum content to the needs of the children and families served by the program.

### Procedures for generating long-range goals

Writing useful program goals involves five major steps:

1. Review the program's statements of curriculum philosophy. Long-range goals should be written which reflect the program's curriculum philosophy, and target desired competencies to be attained (at varying levels) by all children in the program.

2. Analyze available curricula for educational goal statements.

3. Conduct ecological analyses of current and future settings in which young children typically participate to identify general skills and competencies critical for successful and independent participation in those settings.

4. Write long-range goals as statements of desired competence or skill mastery. They may be similar in format to the annual goals in a child's IEP. For example, within the subdomain of "gross motor play skills," one long-range goal might be "to demonstrate ball play skills of throwing, catching, rolling, and kicking." Another might be "to pedal and steer a tricycle." An example of an inappropriately written long-range goal within this same subdomain is the goal "to demonstrate gross motor play skills at the 4 year old level." This long-range goal is vague and does not easily translate into a potential IEP goal.

5. Present written long-range goals to stakeholders for review and ratification. Make any necessary revisions based upon the feedback received.

Additional considerations for developing appropriate long-range goals are presented in the section which follows concerning instructional skill sequences.

## Generating Instructional Skill Sequences

An instructional skill sequence is a step-by-step sequence of individual instructional objectives which culminates in a mastery skill performance as delineated by the long-range goal. Once long-range goals have been developed for each curriculum subdomain, instructional skill sequences then may be identified for each goal. Instructional skill sequences should be written in a manner that allows them to be easily translated into short term objectives for inclusion in a child's IEP. Together with long-range goals, instructional skill sequences constitute the primary content of an EEE program's curriculum. Assessment instruments used by an EEE program need to be directly linked with the curriculum content. A close curriculum-assessment linkage enables a child's educational planning team to make appropriate program decisions regarding the child's IEP. Sample **instructional skill sequences** are presented in Table 7.

---

### TABLE 7

| | |
|---|---|
| Curriculum Long-Range Goal: | Each child will demonstrate appropriate play skills with various types of outside equipment (e.g., playground, balls, wheel toys). |
| **INSTRUCTIONAL SKILL SEQUENCE:** | 1. Rolls ball and catches rolled ball.<br>2. Throws ball/object from sitting or standing position.<br>3. Throws ball/object to target/person.<br>4. Catches thrown ball/object with two hands. |

---

Skill progressions may be generated "from scratch" through task analysis methods or adapted from existing skill sequences. Task analysis is a method for "breaking out" into a detailed and logical sequence the specific behaviors involved in performing a task. Those who wish further information regarding a task analysis approach to curriculum development are referred to Bailey and Wolery (1984).

Rewriting skill sequences which already exist as part of available published curricula is a less time consuming method of skill sequence generation. Specific recommendations for choosing appropriate curricula, rewriting individual instructional skill items, and constructing instructional skill sequences follows.

### Selecting existing curricula for program use

No one curriculum meets the needs of all the children and families served by an EEE program. Consequently, EEE programs should examine several commercially available curricula to initially generate skill sequences for students' educational programs. Several authors (Project RHISE, 1984; Wolery, 1984; Bailey, Johnson, & Jens, 1983; Fewell & Kelly, 1983; Johnson & Jens, 1980; Reichle, et.al., 1980) have identified criteria for selecting curricula for use within an EEE program. These criteria, framed as questions, are:

1. Does the philosophy or approach of the curriculum match an EEE program's curricular beliefs and goals?

2. Does the content of the curriculum, as evidenced by its domains, subdomains, and instructional skills and skill sequences compliment the content of an EEE program's curriculum?

3. Do the instructional skills and skill sequences of the curriculum instrument represent appropriate teaching sequences which address the needs of at least some of the children and families served by the program?

4. Is the content of the curriculum instrument organized in such a manner that it is easy to determine what to assess and/or include in a child's IEP?

Commercially available **curricula** commonly used in early childhood special education programs are listed in Table 8.

### Selecting and revising existing curricular skill items

It has been strongly argued that EEE curricula should include skills which are useful or functional for the child (Bricker, 1986; Brinker, 1985; Vincent, Salisbury, Walter, Brown, Gruenewald, & Powers, 1980; and White, 1980). In deciding whether or not to include a particular skill or concept in the curriculum, EEE program staff should answer the following two questions: 1) "What will a child be able to accomplish (now or later) if this skill/concept is taught?", and 2) "Will the skill/concept enable a child to become more independent and adaptable across present and future settings?"

## TABLE 8

## Select Curricula in EEE

| CURRICULUM | AGE RANGE | DOMAINS | THEORETICAL ORIENTATION: CONTENT | ACTIVITIES: | PARENT COMPONENT | ASSESSMENT PLACEMENT | ONGOING | ADAPTIONS | COST |
|---|---|---|---|---|---|---|---|---|---|
| HI-COMP CURRICULUM AND GUIDE | (0-6) | COMMUNICATION<br>OWN CARE<br>MOTOR<br>PROBLEM-SOLVING | DEVELOPMENTAL | BEHAVIORAL | YES | YES | YES | YES | $14.00 |
| COGNITIVELY ORIENTED CURRICULUM HIGH/SCOPE | (3-4) & (18-72 MONTHS) | COGNITIVE:<br>CLASSIFICATION<br>VARIATION<br>TEMPORAL RELATIONS<br>SPACIAL RELATIONS | PIAGETIAN DEVELOPMENTAL | EXPERIENTIAL | NO | NO | NO | NO | 18.00 |
| LEARNING ACCOMPLISHMENT PROFILE (LAP) | (0-5) | GROSS MOTOR<br>FINE MOTOR<br>SOCIAL<br>COGNITIVE<br>LANGUAGE<br>SELF-HELP | DEVELOPMENTAL | BEHAVIORAL | YES | YES | YES | NO | 11.00-30.00 |
| PROGRAMMED ENVIRONMENTS CURRICULUM | (0-3) | SOCIAL LANGUAGE<br>COGNITIVE<br>MOTOR<br>SELF-HELP | DEVELOPMENTAL ADAPTIVE | BEHAVIORAL | NO | YES | YES | YES | 30.00 |
| PORTAGE GUIDE TO EARLY EDUCATION | (0-6) | INFANT STIMULATION<br>SOCIALIZATION<br>LANGUAGE<br>SELF-HELP<br>COGNITION<br>MOTOR | DEVELOPMENTAL | BEHAVIORAL | YES | NO | YES | NO | 32.00-75.00 |
| THE PROJECT MEMPHIS CURRICULUM | (0-5) | GROSS MOTOR<br>FINE MOTOR<br>PERSONAL SOCIAL<br>LANGUAGE<br>PERCEPTUO-COGNITIVE | DEVELOPMENTAL | EXPERIENTIAL/ BEHAVIORAL | NO | YES | YES | NO | 24.00 |
| TEACHING RESEARCH CURRICULUM | (0-7) | SELF-HELP<br>MOTOR<br>LANGUAGE<br>COGNITIVE | FUNCTIONAL | BEHAVIORAL | YES | YES | YES | NO | 30.00 |
| TEACHING YOUR DOWN'S SYNDROME INFANT | (0-2) | GROSS MOTOR<br>FINE MOTOR<br>COMMUNICATION<br>SOCIAL<br>SELF-HELP | DEVELOPMENTAL | BEHAVIORAL | YES | YES | NO | NO | 17.00 |

These same authors and others (Bailey, et al., 1983; Reichle, et al., 1980) also argue that curricular items should be written to emphasize generalization (i.e., by targeting the general concept or response class represented by the skill) and the performance dimensions of "initiation" and "responsiveness".

**Include tool and critical functional skills.** Bricker (1986) and White (1980) identify two sets of skills to be included in all EEE curricula: "tool" skills and "critical functional" skills.

Tool skills include specific behaviors or concepts a child uses to successfully and independently interact with the environment. A specific behavior (e.g., walking) or concept (e.g., object permanence) is a tool skill if it enables the child to accomplish several different functions or if it is critical to the acquisition of more complex skills (Bricker, 1986). For example, "walking" is a tool skill because it enables the child to accomplish a number of functions (e.g., to retrieve an object, to locomote to a desired location, to respond to the direction "come here"). The cognitive skill of "object permanence" is also a tool skill because it enables the child to accomplish a number of critical functions (e.g., to retrieve an object which has fallen out of sight, to find clothes which are put away, to maintain social contact with a parent when they move out of sight). The cognitive skill of "match-to-sample" is another example of a tool skill, not because it allows the child to accomplish other functions, but because it serves as a component in acquiring important concepts (e.g., "vehicles," "red") which themselves are tool skills. Building a repertoire of tool skills is important only if the skills do, in fact, contribute to the child's actual accomplishments (White, 1980).

A critical functional skill is defined in terms of the actual function it accomplishes. A critical functional skill is not a specific behavior or concept that might contribute to the accomplishment of a functional skill (Bricker, 1986). A skill such as "locomotion" is a critical functional skill because it is defined by the actual function it serves; that is, getting from one point to another. "Obtaining small objects" is another example of a critical functional skill because it focuses upon a desired function, not a specific behavior which might be used to accomplish this particular function (e.g., uses pincer grasp to pick up a raisin).

Tool skills and critical functional skills both increase a child's success and independence in interacting with the world; and their inclusion in an EEE program's curriculum emphasizes their importance. Including critical function skills in the curriculum of a program serving learners with handicaps is particularly important as these skills may be modified or adapted for children with specific sensory, physical, and/or mental handicaps. For example, a child with a physical handicap who is unable to perform a particular behavior or tool skill (e.g., walking) might be taught an alternative method (e.g., using a crawler or a wheelchair, asking adults to be moved) for accomplishing the same critical function (i.e., locomotion). By incorporating critical functional skills into an EEE program's curriculum, EEE staff encourage the development of adaptive and functional alternatives to items included in the EEE curriculum and avoid teaching specific behaviors children might never be able to perform (Bricker, 1986; White, 1980).

**Emphasize the general concept or response class.** In generating long-range goal and individual skill statements for an EEE program's curriculum, it is important to word the statements in generic rather than specific terms. That is, statements should emphasize conceptual or response classes rather than singular, specific responses. The statement "uses pincer grasp to pick up raisins" is much too specific. The statement "demonstrates pincer grasp" is a better statement, as it emphasizes the importance of teaching a child to use a pincer grasp with a variety of materials, including raisins. Curriculum statements which avoid over-specification of the settings, materials, and other conditions under which a behavior should occur emphasize the teaching of skills and concepts "that are both elicited by and performed across a variety of settings and conditions" (p. 307; Bricker, 1986). The goal of performance generalization is a critical and often ignored goal in early childhood special education.

It is especially important to write conceptual and cognitive tool skills in generic terms, as any number of behaviors may be appropriate for expressing a concept or solving a problem. For example, "recovers block hidden under a cloth" is a typical item for measuring object permanence. Rewriting this cognitive tool skill item in generic terms (e.g., searches for object/person which is no longer in the child's sensory field) emphasizes a more generalizable performance and promotes greater "flexibility to take advantage of environmental variability and motivational parameters" (p. 308; Bricker, 1986). Instances reflecting this particular cognitive skill (e.g., crawls to point where mother/father disappeared to reestablish contact, recovers toy which fell under furniture in order to resume play, obtains toy that was put away in order to play independently) may be included in the curriculum and individual children's IEPs. Guidelines for writing conceptual tool skills offered by White (1980) include: (a) eliminating any mention of specific motor acts whenever possible, and (b) defining settings, materials or stimuli which present or elicit the particular skill in the broadest terms possible.

**Emphasize the performance dimensions of initiation and responsiveness.** Much of what curricula and, consequently, IEPs focus upon is the teaching of new skills and concepts in response to various stimulus conditions. While promoting responsiveness is important, promoting active and spontaneous initiation of performance is equally if not more critical. How well a child performs both "in response to adult requests" and "spontaneously during child-directed activities" should be emphasized and integrated within the EEE curriculum.

### Constructing instructional sequences

The final step in developing a curriculum is to generate comprehensive "instructional sequences" for each long-range goal. An instructional sequence is a step-by-step teaching progression which begins at the child's present level of performance and ends with the acquisition of the long-range goal. Instructional sequences simultaneously need to be incremental enough to be effective teaching progressions and comprehensive enough to meet the needs of the learners enrolled in the EEE program.

The task of constructing instructional skill sequences may be accomplished by adapting existing skill sequences in available curricula or employing task analysis to generate the sequences from the beginning. Whichever method is employed, it is recommended that the following considerations be kept in mind:

1. The instructional skill sequence should be the most effective and efficient step-by-step progression of skills leading to the long-range goal.
2. The instructional skill sequence should be comprehensive enough to meet the needs of all of the children served in the EEE program.
3. Entry and/or prerequisite skills to the introduction of a particular instructional skill sequence should be clearly delineated.
4. Interrelationships among instructional skill sequences should be identified.
5. The instructional skill sequence should emphasize generalizable, spontaneous, and responsive skill performance.

### Recommended Timelines for Curriculum Development

As already noted, developing a curriculum which reflects the unique goals and population of an EEE program is a time consuming task. The above guidelines present one process for sorting out this arduous task into a finite number of steps which an EEE program may wish to implement over a number of years. A proposed three-year timeline for curriculum development is presented below.

### First Year Goals and Activities:

1. Identify and define the EEE program's curricular philosophy or purpose. With the assistance of program stakeholders, generate statements of beliefs and goals regarding the program's curriculum content. It is recommended that an EEE program's curriculum approach reflect overall program goals and incorporate theory-based developmental and functional/ecological models of curricula in early childhood special education.
2. Identify the curriculum domains. During the development of the program's curriculum philosophy, identify and define the major behavioral domains of an EEE curriculum. The domains should serve to define the scope of the curriculum for all stakeholders. Present the domains, along with the statements

of curriculum beliefs and goals, to the program's stakeholders for review and ratification.

3. Utilize and modify existing curricula. Because EEE programs need a curriculum "right now," it is recommended that the following considerations be incorporated when using existing curricula for assessment and program planning purposes: choose curricula which reflect the program's curricular beliefs and goals, and which contain content that address the needs of the population being served; select and modify curriculum items so that they target skills that are useful or functional to the child (i.e., "tool" or "critical functional" skills); incorporate the generalization of the particular skill across settings, materials, people, etc.; and emphasize the spontaneous performance of the skill as well as performance in response to various cues and requests.

**Second Year Goals and Activities:**

1. Identify subdomains for each curriculum domain. From reviews of current publications and existing curricula, as well as analyses of the ecology of young children (e.g., identifying skills useful for children in typical settings), generate subgroups of skills based upon their similarity of **function** or **form.** These subdomains of goals and skills should enable the program staff to more effectively and efficiently use the curriculum for assessment and program planning purposes.

2. Develop long-range goals within each subdomain. After the curriculum subdomains have been identified, draft statements of general knowledge and skill competencies which translate the subdomains into educational goal terms. The long-range goals should be written in a manner similar to the annual goals of a child's IEP. This will enable program staff to more easily use the curriculum for IEP planning purposes. Present the draft of subdomains and long-range goals to the program stakeholders for review and ratification.

**Third Year (and beyond) Goal and Activity:**

1. Construct instructional skill sequences for each long-range goal. Utilizing existing curricula (as well as selecting new curricula) with the modifications program staff have made (and continue to make with the considerations mentioned above in the first year activities), generate sequences of skills which follow a step-by-step progression and lead to the acquisition of the long-range goal. For long-range goals where the instructional skill sequence is incomplete or does not exist, the use of task analysis is recommended. Each instructional skill sequence should be comprehensive enough to address the needs of the population served.

| *CURRICULUM SOURCES* | *CURRICULUM COMPONENTS* | *EXAMPLE* |
|---|---|---|
| OVERALL PROGRAM GOALS AND BELIEFS | Curriculum Goals and Philosophy | All children will acquire skills which will enable them to function successfully and independently in future least restrictive school settings (i.e., kindergarten). |
| FEDERAL AND STATE LAW | Domain | Social. |
| | Subdomain | Follows preschool routines. |
| CURRENT KNOWLEDGE AND BEST PRACTICES | Long-Range Goal | All children will independently and successfully follow the daily routines of a preschool or kindergarten setting. |
| | Instructional Skill Sequence | 1. Follows routine for entering classroom and engaging in activities.<br>2. Follows small and large group instructional routines.<br>3. Follows self-care routines, including snack, washing, brushing teeth and bathroom.<br>4. Follows routine completing activities and exiting the classroom at the end of the preschool session. |

**FIGURE 1:**

**Major Components of an EEE Curriculum**

# Chapter 13: INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## DEFINITION

An IEP is a written statement developed by a multidisciplinary staffing team (including parents) that outlines the annual goals to be met, specific instructional objectives to be accomplished, and the educational services that will assist the child in reaching the specified goals and objectives (Linder, 1983, p. 116).

## RATIONALE

To assure that the unique needs of each young child with handicaps are met through the provision of quality instruction and a total service plan, an individualized educational program must be created which combines the expertise and knowledge of a team of people.

## GUIDELINES

An education program must be developed for each handicapped child based on the child's areas of strength and need as determined through the comprehensive evaluation process. Chronologically, the development of the IEP occurs after eligibility for services has been determined [the Written Evaluation Report (WER) is complete]. The IEP must be developed within 30 (thirty) calendar days after the child's eligibility has been determined (i.e., the date of the WER).

The guidelines presented in this chapter summarize regulations and provide recommendations that promote the IEP as both a process and a product. The IEP is a **process** which guarantees that key professionals and "significant others" (i.e., the child's family, professional caregivers, preschool teachers, etc.) communicate and work with each other, sharing their respective expertise and knowledge concerning the child, in order to develop a quality educational program. The written IEP or **product** is a culmination of the above process and assures that a quality educational program exists that specifically addresses the child's unique strengths and needs. The IEP product should serve as an important planning and communication tool, and insures program accountability. The information which follows offers guidelines for: 1) planning and carrying out the IEP meeting, and 2) creating the contents of the IEP.

## Individual Education Program Meeting

Developing a quality educational program for a child requires a process that insures participation of key individuals and provides a means for these participants to collaborate in sharing information and planning the IEP. Guidelines in this section of the chapter are presented concerning: 1) IEP meeting participants; 2) preparing for the IEP meeting; 3) conducting the IEP meeting; and 4) following up the IEP meeting.

### IEP meeting participants

There are potentially three significant groups of individuals who should be involved in the IEP planning process: 1) the child's family, 2) EEE and other public school professionals (a minimum of two school representatives must attend), and 3) possible "significant others" who regularly interact with and participate in the same settings as the child. Listed below are members of these three groups :

1. One or both of the child's parents. Parental participation in all planning and decision making steps of the IEP process is critical. The parents can and do offer insight into the child's skill levels, learning styles, and functional strengths and needs. Their input and suggestions are necessary in planning an appropriate program. Parents who are provided opportunities to be actively involved in planning their child's education program are more apt to understand and participate in the process, as well as to be strong child and program advocates.

2. An administrator or designee (e.g., Special Education Administrator, EEE Coordinator) who is qualified to provide or supervise the provision of special education. The administrator is able to commit school resources and services and should be knowledgeable about other resources within the community or region and other pertinent issues related to school commitment.

3. The child's teacher (e.g., EEE Coordinator or Teacher, SLP). If the child's placement is likely to change from one program

to another, both the sending and receiving teachers should attend.

4. Other professionals (e.g., physicians, OT, PT, parent advocate) at the discretion of the parent or the school.

5. Significant others (e.g., close relatives, caregivers, nursery or preschool teachers, advocates) who have considerable knowledge and experience with the child, again at the discretion of the parent or the school.

6. An assessment team member or person knowledgeable of the assessment results is a required team member in the case of an initial assessment; this will generally be one of the EEE staff.

7. If the child is to receive services through a regional program, a LEA representative must be included on the IEP Team. Most often, the LEA representative will be the Special Education Administrator from the supervisory union in which the child resides.

## Preparing for the IEP meeting

Given the general time constraints, "turf" issues, and occasional difficulties in gaining consensus on content that occur at an IEP meeting, it is important that all key participants are prepared. Bricker (1986) identifies several activities for preparing the child's parents as well as the staff.

**Parent preparation.** If parents are to be **actively** involved in their child's education, an EEE program must provide the necessary information, support, and opportunities for this involvement to be expressed. Bricker (1986) identifies the following strategies for preparing parents for the IEP meeting:

1. Provide parents with information about their legal rights and an overview of the IEP process. (Parents should have received a copy of their rights when the evaluation plan was developed. However, it is good practice to repeat this information.) This can be done through briefly written descriptions that contain minimum jargon; parent inservices; and, importantly pre-IEP conferences. See the EEE Parent Handbook for additional information.

2. Provide parents with information and informal tools for assisting in the selection of educational goals for their child. Providing the parents with a copy of the Written Evaluation Report in advance (see State Regulation 2364.2.2), and explaining it to them, assists them in preparing for the meeting. Constructing skill checklists or having the family engage in a simple ecological analysis of their home environment and other nonschool environments in which their child participates (Vincent, and others, 1980) will give them unique and important assessment information and help them to develop educational goals to share.

3. Ask the parents if they would like to invite someone to come to the IEP meeting to provide support. If there are a large number of professionals present at the IEP meeting, having a friend or advocate may allay concerns or feelings of discomfort.

**Staff preparation.** Bricker (p.261, 1986) also identifies a series of activities for EEE staff to complete in preparation for the meeting:

1. Schedule the IEP meeting at a time and location that is convenient for the parents and for relevant staff members. The Vermont State Regulations (Section 2364.2.2) are very explicit in dictating that EEE programs take steps necessary in insuring that the child's parents are present at the meeting and are given the opportunity to participate.

2. Obtain input from relevant support staff and professionals who may not be able to attend the meeting.

3. Summarize assessment results in a form that is understandable to all IEP meeting members (especially the parents) and provides a clear picture of the child's present level of functioning. This will facilitate the review of the Written Evaluation Report and the generation of annual goals and needed services.

4. Develop tentative recommendations to share at the meeting in order to make efficient use of the limited time available. This does not mean that the IEP is drafted on the official forms and presented to the parents for approval.

5. Plan the IEP meeting agenda to insure the efficient use of the time available and to guarantee that important steps are not forgotten. However, the agenda should be flexible enough to allow for the discussion of additional issues or information that members would like to add before or during the meeting.

## Conducting the IEP meeting

Bricker (p. 266-267, 1986) offers a standard IEP meeting agenda and some basic guidelines to follow for conducting the IEP meeting:

1. Introduce all participants and briefly explain their roles.
2. Review of the purpose and process of the IEP meeting, stating the major objectives of the meeting and examining the agenda as a means for accomplishing the objectives.
3. Review the results of the comprehensive evaluation as expressed in the Written Evaluation Report. Provide copies to all IEP meeting participants.
4. Specify the child's current functioning level, with parents first, and then professionals, sharing their assessment results and observations for each curricular domain. The information shared should focus on the presence or absence of skills rather than test scores.
5. Select the child's goals and objectives, with the parent's priorities given first consideration, and with additional input from EEE staff. Targetting goals identified by parents may result in greater parent involvement in efforts to meet the goals and the development of a trusting relationship between parents and early educators. It also must be recognized that goals selected as training targets must be achievable and realistic. To select goals and objectives that consider the priorities identified by parents and are comprehensive and manageable, may require some negotiation (and a compromise) by participants involved in the IEP development. Therefore, an underlying goal of this part of the meeting is to develop a comprehensive but manageable IEP.
6. Prioritize the goals and objectives, in order to mutually determine where intervention efforts will be most heavily concentrated. Instructional strategies, dates services will be initiated and their anticipated duration, and evaluation procedures and schedules for each goal and objective also need to be determined.
7. Specify family and program responsibilities in providing the necessary special education, related, and home services for meeting the stated goals and objectives.
8. Determine the appropriate and least restrictive setting for providing the special education and related services. It is important that an EEE program have available a continuum of service delivery and placement options for determining the placement that meets the individual needs of the child and family.

9. Summarize the decisions and complete the Individual Case Record (ICR) to close the meeting. Request that the parents sign the IEP to indicate their participation in its development and their approval of the plan.

## Following up the IEP meeting

To insure that the educational program which is developed continues to be appropriate and is implemented as specified in the IEP, reviews should be scheduled throughout the school year, but at least on an annual basis. IEPs can be revised or updated on a schedule similar to the progress reporting periods of the school districts (i.e., every 10 weeks). As with the annual review, the child's parents must be invited to participate in any revision of the IEP. The IEP can be reviewed at any time upon the request of the parents or EEE teacher.

During the annual review or end-of-the-year IEP meeting, the original IEP participants meet to review the child's progress for the school year and identify the child's current level of functioning. In addition, plans are made for the following school year. If the child will be transitioning to a new placement, please refer to the guidelines in Chapter 17: Transition Planning.

## Generating the Individualized Education Program

## Contents of the IEP

According to State Regulation 2363.3 the IEP must contain the following components:

1. A written statement of the student's present levels of educational performance. This should be a summarization of assessment data which may include test scores or reported developmental levels, but should also include several skills the child is and is not able to perform to provide an informative picture of the child's level of functioning.

2. A statement of long-term annual goals reflecting the child's present levels of educational performance and specifying the skills to be achieved over the school year. The goals should not be worded in vague terms or in terms of test scores or developmental achievement. The number of goals developed for an individual child should be comprehensive yet manageable.

3. A list of short-term instructional objectives which serve as the steps in achieving each annual goal. The short-term objectives are to be written during, not prior to or after, the IEP meeting. Short-term objectives are "statements that describe a specific behavior, the conditions under which it is to be performed, and how well the child is to perform it (p. 43; Bailey and Wolery, 1984).

4. A statement of evaluation procedures and schedules for determining, on at least an annual basis, whether the instructional objectives are being achieved. It is recommended that data collection and analysis occur frequently enough (i.e., more than once a year) for program staff to make program decisions in a timely fashion.

5. A statement of the extent to which the child will be able to participate in a regular education program. Although most public schools do not have a regular early childhood education program, EEE programs must attempt to provide opportunities for children to interact in mainstream settings with peers to the degree appropriate. Examples could include a center-based Head Start or Early Compensatory Education Program, a child care center, or nursery school. It is recommended that EEE programs expand their service delivery options to include placements in and/or cooperative arrangements with local early childhood school and caregiving sites (please refer to Chapter 4: Service Delivery).

6. A description of all special education and related services required to meet the student's needs, any special instructional media and materials to be provided, and the person(s) responsible for providing these services.

7. The projected date for beginning the program and anticipated duration for these services.

See Appendix L for a sample IEP.

### Generating annual goals and short-term objectives

Determining the annual goals and short-term objectives of a child's IEP involves linking the program's curriculum with its assessment and program planning (IEP) processes. Actively involving parents recognizes the critical role of parents as planners and decision-makers in their child's education program . Developing a program curriculum, or at a minimum, identifying the program's curricular approach and the available curricula which reflect this approach (please see Chapter 12: Curriculum), insures that appropriate and meaningful goals and skill sequences exist from which the potential content of the IEP can be generated. Utilizing curriculum-referenced assessment instruments (please see Chapter 9: Comprehensive Evaluation Process) which contain skill items reflecting the EEE program's curricular approach insures that the information collected during the comprehensive evaluation is pertinent and meaningful to the development of the IEP. The Written Evaluation Report that culminates the comprehensive evaluation process should not only report test scores or developmental levels of functioning, but specify the child's repertoire of skill strengths and deficits. This information can then be directly and easily translated into recommended instructional goals and objectives during the IEP meeting.

# Chapter 14: RELATED SERVICES

## DEFINITION

By federal regulation, related services are defined as "transportation and such developmental, corrective and other supportive services as are required to assist a handicapped child to benefit from special education and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training." (34CFR 300.13A).

The following definitions of related services are adapted from the State of Washington's Implementation Guide for Early Childhood Special Education Programs(1985).

1. "Audiological service" includes:
   a) Identification of students with hearing loss;
   b) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
   c) Creation and administration of programs for prevention of hearing loss;
   d) Counseling and guidance of students, parents, and teachers regarding hearing loss; and
   e) Determination of the student's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplication.

2. "Counseling services" means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

3. "Early identification" means the implementation of a formal plan for identifying a disability as early as possible in a student's life.

4. "Medical services" means services provided by a licensed physician to determine a student's medically related handicapping condition which results in the student's need for special education and related services.

5. "Occupational therapy services" includes:
    a) The identification of the student's physical and self-care status;
    b) Determination of the student's need for occupational therapy; and
    c) Related counseling and guidance of parents, students, and staff regarding the provision of occupational therapy.

6. "Orientation and Mobility services" includes:
    a) Identification and assessment of the student's mobility status;
    b) Determination of the student's need for orientation and mobility services; and
    c) Related counseling and guidance of parents, students and staff regarding orientation and mobility services.

7. "Parent counseling and training services" means assisting parents in understanding the special needs, abilities, and limitations of their child/student development.

8. "Physical therapy services" includes:
    a) Identification and assessment of the student's physical status;
    b) Determination of the student's need for physical therapy; and
    c) Related counseling and guidance of parents, students and staff regarding physical therapy services.

9. "Psychological services" includes:
    a) Administrating psychological and educational tests, and other assessment procedures;
    b) Interpreting assessment results;
    c) Obtaining, integrating, and interpreting information about student behavior and conditions related to learning;
    d) Consulting with other staff members in planning school programs to meet special needs of students as indicated by psychological tests, interviews, and behavioral evaluations; and
    e) Planning and managing a program of psychological services, including psychological counseling for students and parents.

10. "Recreation services" includes:
    a) Assessment of leisure function;
    b) Therapeutic recreation services;
    c) Recreation programs in school and community agencies; and
    d) Leisure education

11. "School health services" means services provided by a qualified school nurse or other qualified person.

12. "Social work services in schools" includes:
    a) Preparing a social or developmental history on a handicapped student;
    b) Group and individual counseling with the student and family;
    c) Working with those problems in a student's living situation (home, school, and community) that affect the student's adjustment in schools; and
    d) Mobilizing school and community resources to enable the student to receive maximum benefit from his or her educational program.

13. "Communication disorders services" includes speech and language:
    a) Identification of students with communication disorders;
    b) Diagnosis and appraisal of specific communication disorders;
    c) Referral for medical or other professional attention necessary for the habilitation of communication disorders; and
    d) Counseling and guidance of parents, students, and staff regarding communication disorders.

14. "Transportation" includes:
    a) Travel to and from school and between schools;
    b) Travel in and around school buildings; and
    c) Specialized equipment (such as special or adapted uses, lifts and ramps), if required to provide special transportation for a handicapped student.

15. "Classified staff services" includes:
    a) Services provided by classified staff which provide for the handicapped student's safety and/or personal care and instructional assistance(e.g., interpreter services and brailling services); and
    b) Services provided by classified staff which provide assistance for handicapped students and staff to achieve placement in the least restrictive environment.

RATIONALE

The provision of related services enables children enrolled in EEE programs to benefit from the educational and other services provided to them.

## GUIDELINES

Related services play an important role in the total educational program of many young children with special needs. The following discussion includes guidelines and issues to consider when making decisions regarding related services. It addresses: 1) Determining related services for young children with handicaps; 2) General roles and responsibilities of related personnel; and 3) Integrated delivery of related services.

### Determining Related Services for Young Children with Handicaps

Eligibility of a child for any one of the related services will be determined by the Basic Staffing Team based on:

1. a written report or evaluation from registered, certified, or licensed related services personnel identifying the child's problems and the degree of severity as might affect the child's ability to benefit from instruction;
2. or, medical referral for a specific related service (when such is required by the discipline and/or personnel to be providing the related service).

A child's individual educational plan should reflect his/her related service(s) needs, who will provide the service, how long the service will be provided, how the service will be evaluated, and the anticipated benefit to the child. The decision to include a particular related service in a child's IEP should be dependent upon the child's identified need for the service, not the availability of funds to contract the needed personnel to deliver the service.

### General Roles and Responsibilities of Related Service Personnel

Just as each staff member has a job description that identifies specific job requirements (See Chapter 19: Staff), related service personnel also have general roles and responsibilities. These responsibilities may include but are not limited to:

1. Being knowledgeable of child development, handicapping conditions, working with families, and state and federal requirements that apply to provision of services to young children with handicaps.

2. Screening and assessing referred children and documenting all results.

3. Interpreting assessment information to determine the need for related services which will maximize the benefits of education services.

4. Making decisions regarding the need for special adaptive equipment, assisting in the design and/or acquisition of equipment such as alternative communication systems or prosthetic devices, and training others in the use of specialized materials.

5. Participating as a member of the Basic Staffing Team. This includes assisting in the development of the child's IEP and training others (e.g., teachers, parents) to implement the child's program.

6. Documenting progress of young children who receive the related services.

7. Consulting with and training EEE staff, parents and other program staff (i.e., Head Start) regarding the implementation of a child's program, the child's progress, and other concerns.

## Integrated Delivery of Related Services

The traditional method of delivering related services is to remove the learner from the classroom and provide the special service in an isolated therapy room. An individual therapy session typically lasts from 10 to 30 minutes and occurs one to three times per week during the school year. For many children, therapy sessions which occur infrequently are insufficient to effect significant behavior change, and are an inefficient use of specialist staff time.

An alternative to the traditional treatment approach which utilizes specialist staff time is the integrated therapy model. In this model, the specialist trains others, (e.g., teachers, instructional aides, parents, siblings and significant others), how to integrate therapeutic activities into regularly scheduled events in the school, home, and community. By training persons in a variety of different roles to carry out needed programs and by integrating these programs into naturally occurring events throughout every day, the skill development of children can be maximized.

Additionally, a variety of people (i.e., teachers, child care providers, classroom aides, cross-age tutors, parents and other family members who have contact with the child), should be trained to deliver related services so that services may be provided throughout the day in multiple settings.

When direct therapy is deemed necessary for the remediation of a skill deficit, it is preferred that therapy be delivered in the environments in which the child will be expected to perform the skill. For example, if an occupational therapist is working on a self-feeding skill with a particular child, it is best taught in an area where eating will occur normally (e.g., kitchen), at an actual mealtime, with real utensils. This practice minimizes the need to program for skill generalization and allows other staff members to learn how to better implement programs in the therapist's absence.

Best practices for integrated delivery of related services include the following:

1. Related service providers should deliver services in at least the following ways:
    a) direct service to children in natural environments including home, school and community settings, as needed;
    b) consultative services to special and regular educators, parents, and others with responsibility for each child.

2. Related service providers should be members of the IEP development team, whenever a child is in need of their services.

3. Therapy goals should be integrated into a child's IEP and daily classroom, home, and community activities.

## Chapter 15: METHOD OF INSTRUCTION

### DEFINITION

The method of instruction is the systematic manipulation of environmental variables (social and physical) to ensure a child's acquisition, maintenance, and generalization of skills necessary for functioning in present and future environments. Included in the method of instruction are the selection and arrangement of the physical characteristics and routine of the instructional settings, instructional strategies for implementing the curriculum, and management techniques for promoting appropriate social participation.

### RATIONALE

Merely identifying educational goals and objectives on a child's IEP is not sufficient to ensure that the child will accomplish the objectives. A stated and implemented method of instruction represents the most effective and efficient plan for "how to teach" the child so that each and every skill is acquired and performed proficiently across time and settings.

### GUIDELINES

The guidelines presented in this chapter are intended to assist Essential Early Education (EEE) programs to develop and implement appropriate instructional plans for meeting the goals and objectives of a child's IEP. The guidelines are presented in two sections. The first delineates pertinent "best practices" and major types of intervention procedures. The second section offers a procedural framework for determining appropriate instructional plans for individual children. Much of the content in this chapter was derived from Bricker (1986), Wolery and Bailey (1985), and Bailey and Wolery (1984).

## Major Components of the Method of Instruction

The method of instruction for young children with handicaps goes beyond how a teacher arranges for a child's instruction. Selecting and designing the environments where instruction occurs and the use of behavior management techniques for promoting the child's appropriate participation are key dimensions of instructional methodology.

### Selecting and designing the instructional environment

Choosing, organizing, and manipulating the child's social and physical environment is one of the most powerful yet under-used intervention procedures in the field of early childhood special education. This particular dimension of the method of instruction includes the following procedures: 1) choosing and designing appropriate settings in which instruction will occur; 2) selecting and/or establishing appropriate activities or routines within the settings; 3) scheduling the activities for the day; 4) arranging the actual physical space and materials for a particular activity; and 5) determining the appropriate social dimensions of the environment and activity (e.g., 1:1 versus group instruction, the degree of teacher structure).

There are two major general guidelines regarding the organization and manipulation of a child's instructional environment. First, there is a strong need for advanced planning to occur. Prior planning will increase the likelihood that the instructional environment is accessible for both service providers and students; is functional for the child; and promotes child independence. Secondly, the least restrictive and most effective settings should be selected. It is recommended that settings be the same settings as those which children without handicaps generally use (Bricker, 1986; and Wolery & Bailey, 1985). For such settings to be used, current available settings in which a child might or does participate need to be identified so instruction may be provided in these functional settings. Wachs (1979, cited in Bailey & Wolery, 1984) also notes that instructional environments need to be physically responsive to the child's actions in order to promote a sense of control and competence in the child. There also needs to be sufficient space (see Chapter 23: Physical Space) in order for the child to be able to get away from people and noise at appropriate times, and to avoid overcrowding and stimulus overload.

**Choosing or establishing appropriate instructional activities.** Bricker (1986) provides six guidelines for selecting instructional activities:

1. The activity should have more than one purpose for its occurrence and not be "domain-specific" (e.g., "language" time, "gross motor" time).
2. The activity should promote grouping of different children by allowing similar objectives to be worked on.
3. The activity should allow for multiple objectives, both within and across domains, to be worked on.
4. The activity should be adaptable to children of varying ages, skill levels, and handicaps.
5. The activity should minimize the need for adult direction and assistance for ensuring appropriate participation.
6. The activity should encourage child initiations as much as possible to ensure interest and motivation.

**Establishing an overall schedule or daily routine.** Whether a schedule is for the home or the classroom, it is important to provide a routine that is predictable and comfortable for the child (Wachs, 1979; cited in Bailey & Wolery, 1984). A quality schedule identifies the sequence of activities, general educational goals and objectives of the activity, beginning and ending times, the children participating in the activity and the responsibilities of each of the adults (Hart, 1982). A schedule of activities also applies to home-based programs. Bricker (1986) identifies a schedule of events for a typical home visit to ensure that the goals of the visit are met. The schedule includes arrival and greeting; activities to establish rapport; a review of the previous visit's goals and activities; a discussion of the child's progress to date; provision of information or training for new or continuing goals; and a summarization of the session and planning for the next visit.

**Arranging the physical space.** Bailey and Wolery (1984) recommend that instructional physical environments incorporate an "open space" design, where there is a sufficiently large room and few walls or dividers. "An open space classroom should be attractively arranged into clearly differentiated, easily accessible activity areas, with sufficient dividers and boundaries to increase engagement but enough openness to allow ease of movement and adult supervision" (p.118, Bailey & Wolery, 1984). It is further recommended that the space should be comfortable for children, with good lighting and ventilation, ample storage space, appropriate child-size furnishings, a child's personal space (e.g., a cubby, locker, box), and the room arranged from the child's perspective. The activity area also should reflect the age, skills, and interests of the children and be arranged to minimize traffic problems and noise level while minimizing teacher assistance.

**Determining the appropriate social structure.** Bailey and Wolery (1984) identify small groups as an appropriate social structure for learning with preschool aged children and offer four strategies for facilitating small group participation:

1. Provide materials and activities for all children in the group.
2. Reinforce children for participating and demonstrating appropriate group behaviors.
3. Maintain task variation and a distributed trial instructional structure (i.e., presenting programmed opportunities for learning throughout the activity period).
4. Maintain a fast-paced approach to instruction.

### Implementing instruction

Procedures which an EEE program may use to teach children new skills vary in terms of the amount of structure or control the teacher maintains, and their degree of restrictiveness or intrusiveness. Basically, instructional procedures fall into three categories or levels of intervention: 1) direct instruction, 2) naturalistic or milieu-based instruction, and 3) experiential-based instruction. Direct instruction is the most restrictive and intrusive approach; experiential based instruction is the least intrusive. It is recommended that an instructional plan begin with the simplest and least intrusive procedures (Bailey & Wolery, 1984; Etzel & LeBlanc, 1979).

**Direct instruction.** Direct instructional procedures generally involve a great deal of structure and teacher control. The teacher administers procedures that maximize the child's attention to and performance of the skills or behaviors being presented. This level of intervention may be considered the most intrusive as it employs procedures which exert control over a child's behavior and cues and correction procedures which are significantly different from those that occur naturally in the child's environment. Instructional plans that utilize direct instructional procedures typically involve the use of errorless learning procedures, direct teacher assistance, and procedures for fading prompts (Bailey & Wolery, 1984). The DISTAR program (Englemann & Bruner, 1969) is an example of a commercial program which employs direct instruction procedures.

**Milieu-based instruction.** Naturalistic or milieu-based intervention procedures involve incorporating skill instruction into the child's typical daily routines. Rather than setting up an instructional routine with artificial cues and consequences (i.e., direct instruction), the child's daily routine is analyzed to determine typical or natural incidents for instruction to occur. The instructional plan elicits and capitalizes upon these incidents in a consistent and systematic manner. Instructional plans that utilize milieu-based procedures generally involve the use of time delay, incidental teaching, mand-model, and modeling procedures (Hart, 1985; Halle, Alpert, & Anderson, 1984). Time delay procedures involve waiting for the child to initiate interaction (social or physical) before intervening in order to reinforce spontaneous performance and expand upon the child's behavior. Incidental teaching procedures are similar in that the teacher arranges the environment to elicit spontaneous interaction from the child, responds to the child's interests or topic in creating a joint focus of attention, and incorporates intervention into the ongoing interaction or play by modeling and requesting more elaborate performance. Mand-model procedures are more directive in nature than the previous two procedures, but can be incorporated into the child's ongoing interactions. Mand-model procedures involve requesting or directing (manding) the child to produce a behavior (e.g., respond to a "What's that?") and providing a model if the child does not produce the desired behavior.

**Experiential-based instruction.** If a child demonstrates relatively mild educational delays or problems, providing "typical experiences" with little or no additional "special education" instruction may be an appropriate level of intervention. Encouraging a family to enroll a child in a preschool program is a nonintrusive approach which may remediate many of the child's problems. An instructional plan reflecting this approach identifies appropriate experiences and monitoring systems for determining if the child is making adequate progress.

### Behavior management techniques

Occasionally children exhibit behaviors which interfere with learning. Behaviors such as inattention, noncompliance, and self-stimulation prevent a child from participating and benefiting fully from interactions with the materials, activities, and people. Risley (1981) describes such appropriate active participation as **engagement.** Strategies for facilitating a child's engagement in an activity include (Bailey and Wolery, 1984):

1. making the materials and the activity appealing to foster interest in participating;
2. making participation in the activity a privilege rather than a responsibility (i.e., a contingency);
3. giving children an immediate role to get them actively involved in the activity (and before they have a chance to get uninvolved);
4. giving instructions to begin or prompt initial interactions if the child is slow to begin;
5. using shaping procedures to gradually require the child to participate more actively and appropriately.

## A Procedural Framework for Determining Instructional Plans for Individual Children

This section presents an "antecedent-behavior-consequence" (ABC) framework for organizing the critical components of an instructional plan for a child. Figure 1 presents a schema of the ABC framework and the critical components of an instructional plan. The "behavior" dimension of an ABC framework refers to the particular behaviors or skills to be taught to the child. The "antecedent" dimension refers to those settings, events, and teacher strategies that occur _before_ the target behavior; and the "consequent" dimension refers to those events and teacher strategies that occur _after_ the target behavior.

### _Behavioral dimension_

In developing an instructional plan, intervention procedures are established for teaching the desired skill. The quality and level of the desired behavior is a major determinant of what antecedent and consequence strategies will comprise the instructional plan. Ultimately, the child needs to successfully _acquire_ the skill; demonstrate the skill _proficiently_; _generalize_ his/her performance across settings, materials, and people; and _maintain_ this level of performance over time. In addition, the child should be able to spontaneously initiate skills as well as perform skills in response to naturally occurring cues, requests and events.

For some children, an instructional plan may include procedures for increasing a child's "engagement" behaviors and decreasing "interfering" behaviors. For instance, there might be an individual child who is delayed in speech and language development, uses only a few (indistinguishable) words, and who continually sucks on his hand (interfering behavior). An instructional plan for increasing a child's verbal approximations of words (engagement behaviors) may require the teacher to model and shape the child's correct performance of the verbal approximations. At the same time, the child will be required to touch the objects as he/she approximates the word, decreasing the child's hand sucking. Other instructional plans may include procedures for increasing a child's attention to the task (engagement behavior) and decreasing his or her leaving the lesson area (interfering behavior).

| ANTECEDENT | BEHAVIOR | CONSEQUENCE |
|---|---|---|
| 1. Identify the setting(s) and routine(s) in which instruction will occur.<br>- to provide functional opportunities for the child to learn, practice, and perform the skill | 1. Mastery skill (to teach)<br>- acquisition<br>- proficiency<br>- maintenance<br>- generalization<br>- initiation<br>- natural settings and cues | 1. Specify the teacher behaviors/instructional strategies to be used to strengthen and reinforce engagement. |
| 2. Specify how the physical and social environment will be arranged and organized<br>- to provide or create opportunities for learning, practicing and performing<br>- to facilitate attention and interest<br>- to cue or prompt performance<br>- to shape correct performance | 2. Requisite "Engagement" behaviors (to increase)<br>- interest and attention<br>- knowledge of the rules and expectations of the routine<br>- comprehension of the instructions | 2. Specify the teacher behaviors to be used to teach or increase the child's performance of the desired skill:<br>- to reinforce the child's performance<br>- to correct errors and provide informative feedback<br>- to repeat the antecedent instructional event |
| 3. Specify the teacher behaviors/instructional strategies to be used.<br>- to create opportunities for learning and performing<br>- to elicit attention and interest<br>- to cue, prompt, or request performance<br>- to provide information and/or a model to be learned<br>- to assist correct performance of the skill<br>- to prevent or inhibit inappropriate and interfering behaviors | 3. Interfering behaviors (to decrease)<br>- inattention<br>- doesn't remain at activity<br>- noncompliance | 3. Specify the teacher behaviors to be used for decreasing the performance of interfering behaviors. |

FIGURE 1

An ABC Framework for Developing Individual Instructional Programs

### Antecedent strategies.

As Figure 1 shows, the antecedent dimension of an instructional plan addresses many of the intervention procedures discussed earlier (e.g., choosing/designing appropriate settings, teacher behavior/instructional strategies). Figure 1 also identified the potential impact of various antecedent strategies upon the child's learning and performance. The most appropriate antecedent strategies will be those which reflect learner characteristics, are the least restrictive and intrusive of the options, and result in the level or quality of learning desired.

### Consequence strategies

The desired impact of consequence strategies upon a child's learning and performance is to: a) increase the likelihood that the child will perform the "engagement" behaviors; b) teach the desired skill; and c) decrease the likelihood that the child will perform interfering behaviors. As with antecedent strategies, the most appropriate consequences are those which reflect learner characteristics, are least restrictive in nature and most effective in yielding the desired learning.

# Chapter 16: MONITORING CHILD PROGRESS

## DEFINITION

Monitoring child progress is a systematic, ongoing process for reviewing the educational plan to determine whether changes in teaching procedures are warranted to ensure success of the child's program.

## RATIONALE

In order to determine if the child's educational plan is successfully being implemented and if the child is making sufficient progress towards meeting the goals and objectives on the IEP, a system must be developed for documenting the program's efforts and evaluating the program's impact. Systematically collecting information is essential for making decisions about a child's educational program.

## GUIDELINES

In order to assure successful intervention, it is important to monitor the success of instructional programs once they have been implemented. When planning how to monitor child progress, one should consider the questions that need to be answered by the monitoring system, the types of data to maintain, and the method of reporting child progress.

### Questions to be Answered by the Monitoring System

The data collected for the young child with handicaps should provide answers to the following questions:

1. Is the child's rate of learning satisfactory?
2. Is the instructional procedure effective?
3. Is the instructional setting appropriate - including the materials used, and the prompts, cues, or directions given?
4. Are the teacher's responses to the child appropriate - including schedules of reinforcement or extinction?

5. Have the child's instructional objectives been reached?

6. Does the child's program require revision?

7. Has maintenance and generalization occurred?

### Types of Data to Maintain

Procedures and schedules for collecting child performance data need to be determined. Types of data that programs maintain might include: 1) daily performance, 2) periodic probes, 3) observation, and 4) pretest/post test measures.

#### Daily performance

Measures of daily performance include records of data maintained each time a student worked on a given skill or program. These types of data are especially effective when teaching skills which are difficult for the child and where progress may be made in small increments. For example, daily data of the number of times a timid child initiates communication with peers may indicate progress in very small steps. Daily data records are also important when several individuals are working on the same skill with a child or if one professional is consulting with other service providers. The data provide a basis for objective communication about the child's progress and information regarding the next step to take. Along with the objective data, anecdotal statements should be made noting relevant observed behaviors which may explain or have an impact upon the data. Comments about needed changes and learner mastery of these tasks should also be made.

There are numerous methods for recording data on a specific skill. **Narrative or continuous recording** involves the observer keeping a written record of the child's behavior. A **checklist** may also be used to specify behaviors observed. A teacher may utilize his or her own checklist, or may use a prepared checklist for a specific purpose, such as the California Preschool Social Competency Scale (Levine, Elzey & Lweis, 1969) or the Play Scale (Fewell, 1984). When the teacher wishes to examine a specific behavior, such as the number of times the child is out of his seat, the number of interruptions, or the number of dysfluent utterances, **frequency or event recording** is appropriate. The educator simply counts the number of times the behavior occurs during a specified time period. When it is important to know how long a behavior lasts, **duration recording** is more appropriate. Behaviors to be measured by duration recording might include time spent in cooperative play, and length of temper tantrums or crying episodes. When a teacher wants to know how much time elapses between an event and the child's response, **latency** can be measured. This would be appropriate if the teacher wants to measure the time between when he/she gives a direction (e.g., "Clean up", or "sit down") and when the child complies with the direction. **Interval recording**, where the teacher notes whether a behavior occurred during an brief interval, and **time sampling**, where the teacher notes whether or not a behavior is occurring at the end of each specified time period (e.g., ten seconds or ten minutes), are two additional methods for recording data (Hall, 1983; Sulzer-Azaroff & Reese, 1982).

Daily data in raw form may not have any inherent meaning. It must be translated into some type of meaningful summary to give a picture of a child's overall pattern of performance and of the success of the instructional procedures. Data can be summarized by:

1. Transposing response data into percentages or ratios and plotting each day's data on a graph or table.
2. Standardizing the number of potential responses that will constitute a probe of a child's skill. With this standard number of potentially correct or incorrect responses, the number correct can be recorded on a summary chart, bar graph, or some other record form (Peterson, 1986 p. 309).

### Periodic probes

Periodic probes are spot checks where data are collected at regular, specified intervals to determine if a particular skill is being learned, has been maintained, or has been generalized to other areas of learning. A common strategy is to conduct five probe trials for a specific objective. For example, if a child can pick up an object using a pincer grasp in five separate probes which are conducted in varied learning environments, the skill is considered generalized.

### Pretests and post tests

Pretests are measurements of a skill which are taken prior to any intervention or at the beginning of an instructional time frame such as the beginning of the school year. Post tests are conducted after intervention, or after the end of a time frame, to determine the success of the intervention for the acquisition of the skill(s). The pre/post test could be a simple data collection, a parent satisfaction questionnaire, or a standardized or non-standardized test.

### Observation

Observing the child as a method of monitoring progress is especially useful when looking at areas such as play skills, social interaction skills, and attending. To record the observation, the teacher or parent may use videotapes, anecdotal records, journals, or a structured checklist. Refer to the assessment chapter for further information regarding observation.

## Reporting Child Progress

Reports of the child's progress may be made to the parents in different forms and according to different schedules. These should include: 1) daily or weekly communication, 2) periodic reports and conferences, and 3) the annual review of the IEP.

### Daily or weekly communication

Most EEE professionals choose to communicate with parents frequently regarding child progress. This can be done by, but is not limited to, notes, phone calls, or brief meetings. Informally, this occurs at home visits or as parents stop in the classroom to drop off or pick up their child. With some instructional programs, especially those being carried out both at home and at school, it is very important to establish a system for reporting progress this frequently. A toilet training program would be a good example of this type of program. A form, check off sheet, or other type of log may travel to and from school with the child.

## Periodic reports and conferences

Progress reports, which address skills which may or may not be a part of the IEP, can be developed at approximately the same intervals as are those for school aged children (i.e., every 10 weeks), or on a semi-annual basis. They may take the form of a narrative report, or a checklist where the child's objectives are marked as achieved or not yet achieved. All the professionals involved with the child should develop the report cooperatively. In this way, the child's progress can be discussed and any necessary changes in the child's program can be considered. However, one person, i.e., the child's case manager, should assume responsibility for writing the report. Many educators hold conferences at these same intervals with the parents (in the center or in the child's home) to share information regarding the child's progress. The conference may include an explanation of the progress report, could focus on observations, and/or include the use of anecdotal documentation. Listening to the parents' perceptions of their child's progress should be a major focus of the conference.

## Annual review of the IEP

According to state and federal regulations, the child's IEP must be reviewed at least annually to determine whether short-term instructional objectives are met. The main purposes of the annual review are: 1) to review progress; and, 2) to develop the child's next IEP. This review usually includes a conference to discuss progress made on each goal and objective and a written report. The conference and/or report should include recommendations for the next school year.

The annual review of the child's IEP may coincide with either the beginning or end of any school year. However, it is also possible for children to enter an EEE program at any point during the school year. In these cases, the annual review does not necessarily occur at the end of the year. Dates for annual reviews are dependent upon the date services originally begin. Nevertheless, an end of the year conference is important.

# Chapter 17: TRANSITION PLANNING

## DEFINITION

Transition planning is the identification of critical activities and procedures to minimize difficulties associated with entry into new educational environments and to enhance the child's chances for success in the least restrictive environment.

## RATIONALE

Careful preparation and planning by parents and personnel from both the sending and receiving programs will facilitate a smooth and successful transition. This will help insure that there will be no unnecessary interruption in the delivery of services and will promote a speedy adjustment of the child to the new program.

## GUIDELINES

Sufficient and timely transition planning ensures continuity in a child's educational program and prepares him/her to function in the next placement with minimal difficulties. Commitment to, and support of, transition planning, and understanding by key individuals of the what, who, how, when and where of transition is vital. The following discussion offers guidelines for: 1) establishing critical activities to include in transition planning; 2) establishing ownership for transition planning among key individuals; and 3) developing written transition procedures and policies.

### Recommended Transition Planning Activities

There are a number of activities which should be included in transition planning if it is to be effective. These activities are:

1. Involving Parents
2. Establishing Elementary School Building-Based Planning Teams
3. Preparing the Child and Local Elementary School

4. Developing a Placement Plan
5. Implementing and Monitoring the Placement Plan
6. Transition Planning for Future Placements
7. Establishing Procedures to Identify and Acquire Needed Technical Assistance

### Involving parents

Parents need to know how transition will take place and what their role will be so that they can be more involved and supportive when participating in decision-making.

**Parents should be informed about transition.** The Essential Early Education Coordinator may meet individually with parents to explain the transition process or hold a workshop or meeting for parents which would include transition planning as a topic. The EEE program may send out an information sheet explaining the process or, if the program has an orientation or parent handbook, it might include a section on transition planning.

**Parents should be provided with support and opportunities for family involvement in transitioning.** It should be stressed to parents that they play an important role in educational programming for their child. Again, parents should be provided with information on transition so that they have the knowledge to participate and make decisions. Parents should be members of the transition planning team (see below). They can provide input about their child through parent interviews and participate in observations of potential future placements.

### Establishing elementary school building-based planning teams

These teams should be comprised of regular and special education personnel from both the sending and receiving programs and, preferably, local school administrators. It is critical to involve these people on the planning teams, since they are the individuals who will be involved in varying degrees in transition planning and need to be a part of educational programming and placement for individual children. These teams would be responsible for:

1. identifying a "transition coordinator" (i.e., case manager) who assumes major responsibility for managing the transition process;

2. initially identifying the child's local elementary school and regular class placement (i.e., kindergarten) in order to look at the skills required in these environments;

3. identifying and forming the child's planning team, including the parents and all participating local elementary school and EEE personnel who are or will be involved with the child transitioning. Members of this planning team may change based upon the individual child's needs;

4. sharing information among the planning team members about the individual child (i.e., get to know the child);

5. developing a plan of action for transitioning the individual child. This plan will be unique to the individual child, depending upon his/her needs.

### Preparing the child and local elementary school

In order for the child and receiving school personnel to have a mutually-beneficial transition experience, there must be some advance preparation of both the child and elementary school prior to entry. This preparation, done by both the sending and receiving programs, should be timely, beginning **before** the child enters his/her last year of the EEE program.

**Preparation of the child.** To whatever extent possible, the individual child must be provided with skills which will allow him/her to participate in the regular classroom and school settings. Individuals from the planning team or others specified by them can assess and analyze the social and academic demands and teaching practices of the local elementary school and classroom settings (see "ecological analysis", Chapter 9: Comprehensive Evaluation Process). After this is completed, members of the team should conduct a discrepancy analysis between the child's present performance and the expectations of the future placements in order to develop and implement an IEP (for the child's last year in EEE) which incorporates skills needed and teaching practices used in the next placement. Such a practice will facilitate entry into the local elementary school and classroom settings.

**Preparation of the local elementary school.** The elementary school must be prepared for the unique needs among individual children entering their school. One way to do this is to have planning team-designated individuals assess the local elementary school and classroom settings to determine the instructional resources and adaptations (e.g., social and academic, teaching practices, physical) needed to facilitate placing the child. The planning team would then implement procedures for obtaining the needed resources and make the necessary adaptations.

### Development of a placement plan

During the child's last months in EEE, it is necessary to determine which classroom she/he will enter in the local elementary school (if there is more than one kindergarten classroom). The team should finalize the instructional resources and adaptations needed within the school and classroom and develop a placement plan. This placement plan should include the following:

**A short-term, initial placement IEP.** This IEP might address the first three or four months in the local elementary school placement.

**Identification of a home-school communication system.** There is a great deal of communication between the family and the EEE program, both on a formal and informal basis. Once a child moves out of the EEE program, it is important to maintain frequent communication between the local elementary school and the child's family. A home-school communication system for the next placement, which both the family and receiving personnel agree upon, helps to facilitate information-sharing between the child's family and local elementary school personnel.

**Procedures for acquiring the expertise of EEE personnel.** The sending and receiving personnel should agree upon such a plan or procedure to take effect after the child has been placed in the elementary school.

**A monitoring system.** Such a system would assess child progress within the local elementary school and classroom settings and set some decision rules for determining if and when additional instructional resources or adaptations are needed.

### Implementing and monitoring the placement plan

Once the child moves into the local elementary school, the four components of the placement plan should be in effect. The planning team for the child (which probably will not include EEE personnel at this point) should evaluate how well the short-term initial placement IEP, the home-school communication system, the monitoring system, and the procedures for obtaining EEE expertise (either as technical assistants or consultants) were implemented and how effective they were in making the transition a smooth one for the child.

### Transition planning for future placements

Transitions do not end when the child moves from EEE into kindergarten. Rather, there must be continued advance planning for each additional move from grade to grade within the local elementary school. In order to do this planning, the membership and scope of the local elementary school building-based planning team may expand to develop administrative procedures and policies for transitioning learners into future local elementary school class placements (e.g., from kindergarten into first grade). As with transitions from EEE into kindergarten, this team would be responsible for developing and implementing a transition plan for preparing, placing, and following up the individual child into the next local elementary school classroom or other public school placement.

### Establishing procedures to identify and acquire needed technical assistance

For some or all of the preceding activities involved in transition planning, it may be necessary for the team members to have a plan for determining when they need outside help and/or resources to carry out any activities related to transition planning. Specified individuals might be responsible for acquiring these identified needs.

The remainder of this chapter discusses two prerequisites to transition planning which must occur in order for the above-noted activities to be effective in transitioning a child from EEE into the local elementary school.

## Establishing Ownership for Transition Planning

It is critical to gain commitment, support and involvement from several key people prior to establishing and implementing district transition practices to ensure that there is shared ownership for the educational programming and placement of all children. These key people include: principals of local elementary schools, the special education administrator, families, regular educators (including at least kindergarten and first grade teachers), speech-language pathologists, learning specialists, paraprofessionals, and other relevant district personnel from both sending and receiving programs. These are the individuals who will be involved in varying degrees in transitions and any transition planning should reflect their input.

The Essential Early Education Coordinator may be responsible for identifying and informing these key people about transition planning and its critical importance in the continuum of services for children. It is imperative that the principal of the elementary school and the special education administrator endorse the need for transition planning and, preferably, be involved in the establishment of procedures for transition and/or in implementing the procedures since this will indicate administrative "ownership" for educational planning for all children. The administrators' endorsement of transition planning will also provide impetus for all relevant district staff to commit to such practices.

If consensus for transition planning is not present among the key people mentioned above, there will be little chance of establishing effective district transition procedures, possibly resulting in 1) duplication and/or disruption of services; 2) gaps in program planning; 3) lack of knowledge about the individual child transitioning on the part of individuals critical to his/her adjustment to the new placement; and 4) lack of commitment to transition planning.

The following are some recommended strategies for gaining support and involvement of the above-specified individuals: 1) a meeting among the special education administrator, principals, and EEE Coordinator; 2) holding an inservice day; and 3) communication with parents.

## Meeting among Special Education Administrator, Principals, EEE Coordinator

The EEE Coordinator might schedule this meeting to discuss transition planning, the rationale for its educational importance and the necessity for cooperative efforts among families and key district personnel to ensure consensus for, and commitment to, transition planning.

## Inservice day

Principals, the special education administrator, and the EEE Coordinator might plan an inservice day for EEE staff, regular education staff, and special educators and paraprofessionals from sending and receiving programs to provide information on transition planning and discuss the advantages to both the child and the educators. People often have no idea who will be involved in a transition, how it will take place, when it will occur and what the placement alternatives may be. It is to be stressed that advanced and timely planning can alleviate or eliminate these issues. Involvement of the key personnel will allow them input into these important areas and create a feeling of shared responsibility and ownership for each child. The inservice day could provide the opportunity to form a district transition planning group made up of representatives from all the key educational areas.

## Communication with parents

The EEE Coordinator should provide families with information about the need for transition planning. It is preferable to provide this information at a group meeting or on an individual basis during a home visit or at a mutually-designated time at the program location. If a meeting is impossible, the EEE Coordinator should telephone the parents and send a follow-up letter explaining the transition process and encouraging parents to visit the placement options being considered. However this information is provided, the EEE person should note the parents' important and critical role in transition planning for their child. Parents might be encouraged to become involved in efforts to establish district transition procedures and the EEE teacher should ensure that parents who want to be are included in this process.

## Developing Written Transition Procedures and Policies

### Procedures

Written procedures for transition planning will serve to coordinate the efforts of all individuals who are, or will be, involved in transitioning a child from EEE into the local elementary school. It is recommended that a district transition planning group meet as often as necessary to draft these procedures. These procedures should incorporate the activities discussed in the previous section and provide the means for cooperative planning and sharing of information among relevant individuals. The transition procedures should specify the following:

1. What activity is to take place and the procedures necessary to carry it out;
2. Who is responsible for initiating the activity;
3. Who is involved;
4. When the activity is to occur.

Good written procedures result in advanced planning done in a timely fashion. Such planning avoids disruption in programs or services and allows the child to adjust to the new program with minimal difficulties.

### Policies

It is assumed that some or all school districts have a written policy on transition which states the district's philosophy with regard to transition of children from one educational placement to another. If a school district does not have such a policy, the district transition planning group may want to approach district administrators about the possibility of creating transition policies which could apply not only to transitions from Essential Early Education, but to any educational move that a child makes within the district.

# Section V: FAMILY INVOLVEMENT

## DEFINITION

Family involvement refers to the cooperative utilization of the parents or guardians and other family members' skills, understanding and resources in the education process.

## RATIONALE

Public Law 94-142 mandates certain aspects of family involvement for all handicapped children. Included are the right to be informed and give consent, to participate in program planning, to approve the IEP, and to due process procedures when parents disagree with professional opinions and decisions. In addition, through Essential Early Education services, family members can learn to interact in ways which will be mutually satisfying and promote the development of their young children. Finally, EEE staff can assist in providing specific services to individual families, tailored to their unique characteristics and circumstances.

## REGULATIONS

### State Regulations (Section 2364.3 Parental Rights)

### Section 2364.3.1 Notice

The responsible agency shall provide written notice to the parent or guardian of a pupil within a reasonable time before it proposes to initiate or change, or refuses to initiate or change a pupil's identification, evaluation, including undue delay in evaluation [see 2362.2.3], or placement. This written notice shall contain: a] a description of the action proposed or refused by the agency; b] an explanation of why the agency proposes or refuses to take the action; c] a description of any options the agency considered and reasons why these options were rejected; d] a description of evaluation procedures, tests, records, or reports upon which the action is based; and, e] other factors that are relevant.

In addition, the responsible agency shall inform the parents when personally identifiable information collected, maintained or used is no longer needed to provide educational services to the pupil. The notice shall inform the parents of their right to have such information destroyed upon request.

Parents shall be fully informed of all procedures available as procedural safeguards including, but not limited to their right to: a) request a due process hearing to challenge proposed actions; b) obtain an independent evaluation of the pupil; c) request the responsible agency to conduct further evaluations at public expense; and d) the right to review and inspect their child's educational records.

This notice must be written in language understandable to the general public, and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

If the native language or other mode of communication of the parent is not a written language, the responsible agency shall take steps to insure that:

a) the notice is translated orally or by other means to the parent in his or her native language or other mode of communication;

b) the parent understands the content of the notice; and,

c) there is written evidence that the requirements outlined in a) and b) above have been met.

## Section 2364.3.2 Informed Consent

The responsible agency shall obtain the informed consent from a pupil's parent or guardian before conducting an initial evaluation to determine special education eligibility, making an initial placement in a special education program, or before personally identifiable information is disclosed to anyone other than officials of participating agencies collecting or using the information, or before personally identifiable information is used for purposes other than that for which permission was originally given.

Consent, where required, shall be in writing and shall contain the following recitations by the parents:

1. That consent is given voluntarily with the knowledge that it may be withheld for any reason;

2. An understanding that an independent educational evaluation is always available at private expense;

3. An understanding that if a parent is dissatisfied with the result of the evaluation then he or she is entitled to either an independent educational evaluation at public expense (2364.3.4) or at the option of the responsible agency, a hearing before an impartial hearing officer on the appropriateness of the evaluation (2364.3.5); and,

4. An understanding that the results of the comprehensive evaluation and all IEP's will be available to all educational agencies which in the future provide that pupil with his or her statutorily guaranteed free and appropriate public education.

## Section 2364.3.3 Denial of Consent by Parent

If a parent refuses to give the required written consent for initial evaluation or initial placement in special education, the responsible agency has the right to request a due process hearing. The impartial hearing officer has the authority to allow the evaluation or placement without parental consent.

## Section 2364.3.4 Independent Education Evaluation

A parent has the right to request an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the responsible agency. Parents may request an independent evaluation only after the Basic Staffing Team has completed its evaluation and issued a report (2362.2.6). Parents shall be informed about where an independent evaluation may be obtained. The responsible agency shall either agree to assume the cost of an independent evaluation or initiate a hearing to show that its evaluation is appropriate. If it is proven appropriate, the parent still has the right to an independent educational evaluation, but not at public expense. If the parent obtains an independent educational evaluation at private expense, the results of the evaluation:

1. Must be considered by the responsible agency in any decision made with respect to the provision of a free appropriate public education to the pupil, and

2. May be presented as evidence at a hearing under this subpart regarding that pupil.

If a hearing officer requests an independent evaluation, it shall be provided at public expense. Whenever an independent evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria which the public agency uses when it initiates an evaluation.

## Section 2364.3.5 Impartial Due Process Hearing

A parent, guardian, or responsible agency may initiate an impartial due process hearing regarding the identification, evaluation, placement of the pupil in a special educational program, or the provision of a free appropriate public education by addressing such request in writing to the Commissioner. The hearing shall be conducted in accordance with the requirements of 34 CFR Part 300. The decision of the hearing officer is final unless appealed to the State Board of Education or a civil court action is brought.

## Section 2364.3.6 Appeal to the State Board of Education

Any party to a due process hearing has the right to appeal an adverse ruling by the hearing officer to the State Board of Education. An appeal shall be initiated by mailing written notice to the State Board within 10 calendar days from receipt of the hearing officer's decision. The State Board of Education shall appoint an impartial reviewing officer who shall conduct the review and render a final decision on behalf of the Board by:

1. Examining the entire hearing record, stipulated facts, or questions of law as the case may be;

2. Insuring that the procedures at the hearing were consistent with the requirements of due process;

3. Seeking additional evidence if necessary. [If a hearing is held to receive additional evidence, the right accorded in all other hearings apply.]

4. Affording the parties an opportunity for oral or written argument or both, at the discretion of the reviewing officer;

5. Making an independent decision on completion of the review; and,

6. Giving a copy of the written findings and the decision to the parties.

Such hearings shall be considered as formal proceedings subject to the provisions of 1230 of this manual.

## Section 2364.3.7 Complaint Procedure

Any person, agency or organization alleging that a responsible agency has acted contrary to the requirements of state and/or federal special education law may file a complaint with the Commissioner of Education. The complaint shall specify in detail the alleged violation. A copy of the complaint shall be filed by the complainant with the responsible agency.

Upon receipt of a complaint the Commissioner shall appoint a reviewing officer to conduct an investigation. The reviewing officer shall examine evidence presented on behalf of the responsible agency and, upon request, shall schedule a hearing. The reviewing officer shall present findings to the Commissioner in writing within 45 days from receipt of the complaint and the Commissioner shall render a decision and order within 10 days.

If at any time following receipt of the complaint, the Commissioner determines that it involves the appropriateness of the decisions of a responsible agency in regards to the identification, evaluation or placement of an individual pupil in a special education program or the appropriateness of an individual pupil in a special education program or the appropriateness of an individual pupil's education, he may dismiss the complaint and request that it be resubmitted as a request for a formal due process hearing pursuant to Rule 2364.3.5.

If a responsible agency fails to comply with the Commissioner's order, the Commissioner may impose appropriate sanctions including, but not limited to, the following:

1. Withhold federal flow through monies that are generated under P.L. 94-142's formula assistance program.

2. Withdraw all federal funds from the agency as provided for in S504 of the Rehabilitation Act of 1973, P.L. 93-112.

3. Make alternative arrangements for providing an essential service and withhold the cost of such service from the state funds otherwise granted to the agency.

4. Withhold accreditation or program approval.

    a) parent consent for initial evaluation and initial placement have been obtained; and,
    b) parents have been appropriately notified of their right to participate in the development of the IEP.

## Section 2364.2.2 IEP

Each responsible agency shall take steps to insure that one or both parents are present at each IEP meeting or are given the opportunity to participate. Parents shall be informed that upon their request, the results of their child's comprehensive evaluation will be available to them prior to the IEP meeting.

1. Parents shall be notified early enough to insure that they will have an opportunity to attend. The notice shall indicate the purpose, time, and location of the meeting, and who will be in attendance.

2. Meetings shall be scheduled at a mutually agreed on time and place.

3. If neither parent can attend, the responsible agency shall use other methods to insure parent participation including individual or conference telephone calls.

4. A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency must have a record of its attempts to arrange a mutually agreed on time and place.

5. The responsible agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

6. The responsible agency shall give the parent, on request, a copy of the individualized education program.

7. The responsible agency shall obtain parental signatures on the IEP unless each of the following conditions have been met:

## INTRODUCTION

From an evolutionary perspective, the nature and activities included as family involvement in early education has evolved through three phases. The focus of the first phase was parents' right and obligation to participate in the planning process, a direct result of P.L. 94-142. The second phase emphasized the role of parents as teachers of their children. In these two phases the emphasis was primarily on the child or the child and his/her parents. Currently, in the third phase, there is a shift in focus. Educators and researchers are supporting the assumption that the social context in which the child resides has a major impact on the child's development. This has resulted in services for families of young children with handicaps which reflect the unique needs of individual families and become specific objectives in the educational plan.

This new outlook on parent involvement requires that professionals move beyond what is legally required for parent involvement (i.e., mandated by P.L. 94-142) and cease thinking about parent involvement as a specific set of activities (e.g., parents groups, meetings). Rather, a concern for family involvement is best shown through a point of view that continually takes into account the needs and skills of the entire family. Such a viewpoint doesn't rule out any of the current types of family services, but requires that services be selected on the basis of a comprehensive understanding of a family's unique situation.

This change in focus (from a distinction in services for children with handicaps and their families) will be discussed in depth in Chapter 18: Family Involvement.

# Chapter 18: FAMILY INVOLVEMENT

## DEFINITION

Family involvement refers to the cooperative utilization of the parents or guardians and other family members' skills, understanding and resources in the education process.

## RATIONALE

Public Law 94-142 mandates certain aspects of family involvement for all handicapped children. Included are the right to be informed and give consent, to participate in program planning, to approve the IEP, and to due process procedures when parents disagree with professional opinions and decisions. In addition, through Essential Early Education services, family members can learn to interact in ways which will be mutually satisfying and promote the development of their young children. Finally, EEE staff can assist in providing specific services to individual families, tailored to their unique characteristics and circumstances.

## GUIDELINES

Changing the traditional focus of EEE services from one which **distinguishes** providing direct services to children with handicaps and their families to one which considers overall family functioning, requires that EEE program staff consider the following areas:

1. Establishing program goals
2. Meeting the needs of individual families
3. Involving families in Essential Early Education.

### Establishing Program Goals

An EEE program should have a set of formal goals that assist staff in planning, organizing and implementing family involvement. The program's goals, as well as procedures for accomplishing these goals, evolve directly from the program philosophy and should be consistent with the local school district's policy(s) for working with families. To formulate goals for family involvement, it is good practice for staff to review their program philosophy, identify an initial set of goal statements, and seek out information from other programs (with similar philosophies) and current literature regarding best practices for accomplishing those goals. Once this is done, program staff can create a set of achievable goal statements.

The following program goals for family involvement are taken from the extensive work of Bailey and his colleagues (Bailey, Simeonsson, Winton, Huntington, Comfort, Isbell, O'Donnell, & Helm, 1986):

Goal 1: To help family members cope with their unique needs related to raising a child with a handicap.

Goal 2: To help family members grow in their understanding of the development of their child both as an individual and as a family member.

Goal 3: To establish regular and frequent communication between the home and the EEE program.

Goal 4: To respect and respond to the family's desire for services and to involve them in the assessment, planning, implementation and evaluation process.

The EEE program's development of family involvement goal statements should include or at least address the above goals. These goal statements recognize that families of handicapped children may need services because of their own unique needs for support, assistance, and information. As a group, families with a child with handicaps appear particularly susceptible to increased stress (Gallagher, Beckman, & Cross, 1983), experience frequent difficulties in obtaining services (e.g., babysitter, dental care, child care) (Blackard & Barsch, 1982), suffer isolation from friends, neighbors, and extended family members (Darling, 1979), and experience more pressure to be involved in various activities related to their child. The four goals also recognize that as families enter into the community maze of service agencies, there is a need for establishing an information sharing system to insure that families are informed about their child's handicap and their possible role in his or her development, and that families are aware of the goals of each agency (e.g., Essential Early Education). Finally, these program goals reinforce the need for services to be individualized according to the unique needs and desires of each family.

### Meeting the Needs of Families

After EEE program staff have determined their general program goals for family involvement, the next step is to develop a system of procedures for determining and meeting the needs of individual families. Listed below are four recommended steps for meeting family needs and promoting family involvement:

1. Assess individual families to determine needs and strengths.
2. Develop goals, objectives, and activities.
3. Determine how the program will be implemented, when, and by whom.
4. Adopt evaluation criteria and review procedures to determine the effectiveness of individual activities as well as continued relevance to family needs.

### Assess individual families to determine needs and strengths

Initial assessments of the child and family should be consistent with the program's philosophical orientation. To be able to use the assessment data for individual family program planning it should focus on a) child variables (i.e., specific characteristics of children) relevant to family functioning, b) family needs for support, assistance, and information, and c) parent-child interactions (e.g., social interactions between parents and their handicapped child).

Comprehensive assessments incorporate a variety of assessment procedures to obtain the information necessary to formulate individual plans for families. In addition to formal assessment tools, self-rating and self-report activities by parents, as well as family interviews (which allow parents to provide input regarding services and for clarifying and prioritizing family needs) and other "objective" ratings by professionals should be used to gain comprehensive information about the family. The parent's perspective of the child's temperament could be obtained from a formal questionnaire i.e., General Impression Inventory of Carey and McDevitt's Infant Temperament Questionnaire

(1978) or a family-focused interview. Measures of family needs can be obtained through standardized tools such as The Questionnaire on Resources and Stress (Holroyd, 1974) or the Parenting Stress Index (Abidin, 1983). Approaches for assessing the various components of parent-child interactions can include hierarchical levels of interaction such as Bromwich's (1981) Parent Behavior Progression, coding systems for assessing teaching behavior (e.g., Rosenberg, Robinson & Beckman, 1984), and event sampling procedures to assess the unique aspects of specific families (e.g., Bruder & Bricker, 1985). Additional references to published tools for assessing families are cited in the reference section of this manual.

### Develop goals, objectives, and activities

Once assessment data have been gathered, staff should identify the families areas of concern, as well as other family interactions and variables (e.g., values system) which may have an impact on the family. It is important to look at how the family is already functioning, rather than imposing some prescribed external process (which may not be relevant for a family) to determine needs. For example, a family may have an effective way of problem-solving, but they may need assistance to gain access to certain community services (e.g., respite care; family recreation). In another case, the family may be well informed about their child's handicap, but they may not know how to budget their time for family "group" activities. Goals, objectives, and activities can be created for family involvement and be included in the child's IEP. Three guidelines for formalizing a set of objectives include:

1. High priority should be given to **family** identified needs and strategies for meeting those goals.

2. It is important for the EEE **professional** to select other goals and objectives (that they think should be targeted) for families.

3. It is important to specify **behavioral outcomes** for families if individualized family services are to be implemented.

For example, a family may identify as one of their priorities the improvement of their skills in working with their handicapped child. For this goal, the team might list the following short-term objectives for the family:

1. The parents will learn five techniques for encouraging the child's language.
2. The child's siblings will learn about 5 toys they can play together with him/her.
3. The time it takes the parent to feed the child will be reduced.

The goals and objective should be organized into logical sequences and serve as a guide and resource for future work with families.

### Determine how the program will be implemented, when, and by whom

Collectively, the IEP Team can determine how, when, and by whom the family involvement program will be implemented. General guidelines to be followed when the team meets to make decisions regarding service provisions for families are:

1. Recognize the importance of the family as a system. As such, providing services to any one member alone will usually not prove effective for the entire system. For example, teaching a mother to conduct learning activities with her handicapped child may result in improved behavior by the child and increased confidence by the mother, but there may be little impact on the father or siblings. In addition, family program planning done in the absence of the father and without his support may never be accomplished.
2. Recognize that the role of the EEE professional will vary according to the needs of the family. In some cases, the Essential Early Educator will provide direct support to families (e.g., provide information or teach skills). At other times the professional may act as a coordinator of services (e.g., facilitate the organization of a parent support group; help a family seek and secure counseling or therapy). It is important for the EEE professional to recognize when skills necessary for providing services are outside his/her previous experience and refer families to service providers who are prepared to meet those needs.

3. Families should be involved in planning and service strategies should be individualized. Services need to be designed to account for the immediate as well as the broader community, social, economic and religious context of the family. The level and type of involvement for each family will vary according to their desire to participate and the degree to which their other needs (e.g., food, shelter, emotional support, financial) are being met. In some cases (e.g., involving a new family who is already under a great deal of stress), gradual involvement in the child's program may be appropriate. For other families (e.g., one whose needs are being met) immediate active involvement may be possible.

**Review procedures and criteria are adopted to evaluate the effectiveness of individual activities as well as continued relevance to family needs**

Just as an individual child's educational program must include a plan for evaluating the program, an individualized family plan should also include procedures for reviewing objectives and activities for individual families to determine if goals have been met, if changes are necessary, or if new objectives must be added. The child's case manager (either EEE staff member or other designee for a multi-agency family) is responsible primarily for keeping abreast of family circumstances which may necessitate changes in the family plan.

### Involving Families in EEE

There are a number of ways to involve families in the provision of services which will lead to the accomplishment of the program's goals. State and federal laws specify minimal ways for informing and involving parents in their child's educational program. Parent involvement on the Basic Staffing Team and the information exchange that is mandated to occur between the school and home is discussed in Section III: Assessment for Eligibility and Educational Planning and Chapter 14: IEP. The following discussion offers additional methods for family involvement, including: 1) Communicating with families; 2) Facilitating family-child interactions at home and in the community; 3) Working with families at school; 4) Family education; and 5) Providing support.

## Communicating with families

There are a variety of ways to facilitate ongoing communication. Suggested methods include:

1. Establish a regular system for communicating with individual families. Consideration should be given to the family's unique needs and specific circumstances. For instance, in a single parent family where a child has severe handicaps and is receiving services at home, the EEE professional may communicate with the family through phone calls on days when the child is not being provided direct services. Where a family is intact and the child has a mild handicap and is receiving EEE services through a center-based program, communication with the family may occur less frequently and in writing.

2. Distribute "Essential Early Education in Vermont: A Parent Handbook" to inform parents of eligibility criteria, program policies, procedures, services provided, resources available in the state, and involvement opportunities. It may be necessary to supplement this information with information specific to your EEE program (e.g., daily schedules, staff, local resources).

3. Share information about the program, including present and future activities, through newsletters and posting on parent bulletin boards. Providing parents with a weekly schedule of activities and suggestions for follow-up may facilitate the reinforcement of activities at home.

4. Meeting with parents in the home for completing a family interview or parent inventory can provide staff with a clearer picture of the child's home environment and the family support system.

5. Parent/teacher conferences (both formal and informal) can be an effective means of updating parents on the child's progress and reinforcing parents for teaching skills at home. Providing materials for home use and a summary progress report may help parents in their efforts;

6. Periodic telephone calls or written notes to parents are ways of communicating more frequently. In a center-based program this could be done by having a traveling notebook for the child where the parents and teachers write notes back-and-forth to each other. Relaying information about "something your child did especially well" is an effective way to give positive feedback about a child's behavior.

7. Conduct parent education programs. These are usually effective mechanisms for delivering information about areas of mutual interest. They are also a means of getting parents to meet and interact with one another.

8. By increasing community awareness about the needs of handicapped children through the distribution of information, some stigma related to the label may be reduced. This increased awareness and greater acceptance by community members may increase the likelihood of family involvement.

### Facilitating family-child interaction at home and in the community

It should be recognized that families, through their daily, ongoing interactions, are the primary teachers of their children. Family members are in a unique position to stimulate the child at home, in a natural learning environment. However, the practice of teaching parents to acquire specific management and teaching skills does not necessarily help parents to generalize these skills in functional ways (Bricker, 1986 p. 89).

The primary purpose of working with families in the home and in the community (e.g., at the library during story hour) is to enhance the interactions that occur among family members and the young child, not necessarily to train family members to become "teachers" in the true sense of the word. The continued promotion of positive interactions between families and their children is critical in the development of many skills. Bromwich (1981) has created a system of hierarchical levels (i.e., The Parent Behavior Progression) to describe the sequential behaviors parents attain that result in the kinds of interactions that promote child development. Modified to include all family members, they can be used as objectives for EEE staff working with families at home. The appropriate goals for family involvement are determined after a complete assessment of the individual family. These goals include:

1. The family enjoys the child.

2. The family is a sensitive observer of the child, reads his/her behavior cues accurately, and is responsive to them.

3. The family engages in a quality of interaction with the child that is mutually satisfying and fosters attachment, independence, and exploration.
4. The family demonstrates an awareness of materials, activities and experiences suitable for the child's developmental level.
5. The family initiates new play activities and experiences based on child development and learning principals suggested to the family or based upon their experience.
6. The family independently generates a wide range of developmentally appropriate activities and experiences which are interesting to the child and can be useful across situations and levels of development.

Bromwich outlines some strategies useful for working with the family at home and in the community (in other natural settings):

1. Observe the family and child within normal routines to capture natural or helping strategies that are used.
2. Comment positively on the family's strengths and specific behaviors.
3. Listen to the family as they describe problem areas. Discuss the problems with the family to help them recognize and understand what is happening.
4. Model activities and interactions (without necessarily asking the family to imitate).
5. Experiment with activities to get the family to find successful approaches.
6. Encourage family members to follow through on activities.

It is often advisable to determine a means of data collection which can be used by the family. This should not be an elaborate system. It should be simple, reinforcing and informative. Collecting anecdotal reports, keeping a family diary or notebook, or completing a simple checklist are a few examples. In addition, the Essential Early Educator should have an established communication system with the family (e.g., phone calls) on days when they are not working with the family at home or in the community. (Specific guidelines for working within the context of the child's natural learning environment are discussed in Chapter 15: Method of Instruction)

## Working with families in a center-based classroom

There are several ways for families to be involved with the EEE program that has either a center-based component or provides services through existing preschools or child care centers.

1. As in the home visit, it is important to teach parents how to observe and assess their child's growth and development. **Classroom observations** offer parents an opportunity to get a general idea about classroom routines, rules and expectations, and their child's performance within these routines.

2. Encourage parents to serve as **aides or volunteers** in the center-based program under the guidance of trained staff. (See Chapter 19: Staff). There are many roles that families can assume and whenever possible they should be given the opportunity to choose the activities they prefer. Regardless of the role they play, family members should be prepared for the tasks they perform. In addition, staff members need to demonstrate a positive attitude toward family participation in the center-based program.

3. If the parent has a particular area of expertise (e.g., art) ask them to teach a lesson or **share their knowledge** with the children.

4. Parents can be invited to **chaperone** or assist on a field trip.

## Family education

Family education involves providing families with information that will increase their knowledge and skills for interacting with family members. There are many different forms of family education from informal discussion with parents in small group meetings to providing formal coursework.

Working with parents in the home or in the classroom is a way to educate families. However, it is desirable to provide a more structured approach to the content that families need or request. In order to ensure maximum participation in parent education activities some general guidelines are:

1. Work with school administrators, EEE staff, resource people and families to plan the family education program.

2. Develop a needs assessment survey for families to determine their areas of interest. In addition, EEE staff should provide input on what they believe are important topics.

3. Work with community agencies to plan/coordinate a comprehensive family education program.

4. Provide opportunities for informal communication along with formal educational sessions.

5. Hold meetings on convenient days and times using the parents' preferred format.

6. Design and distribute attractive flyers with information about the educational opportunity. Publicize through the news media.

7. Encourage parents to remind other families of upcoming sessions through personal contacts.

8. Assist families with meeting their basic needs (i.e., transportation via carpools or child care).

9. Evaluate all formal family education activities for future program development.

10. Provide follow-up to families on an individual basis.

A variety of topics could be included in family education. A few examples are:

1. General child development and how development may be affected by a particular handicapping condition.

2. Modifications of the home environment, such as the use of ramps as well as auditory and stationary landmarks.

3. Supplementary information, such as food selection and preparation, consumer education, and working with other parents.

**Alternate ways of sharing information.** The format selected for presenting information to families will vary depending on the topic chosen, family priorities and the level of information desired. In addition to providing education through formal coursework and inservice workshops, some programs have adopted a parent lending library for sharing informational materials. For parents who enjoy reading, materials, books, pamphlets, articles and journals may be made available on topics of interest. Other materials could be made available for individual family use such as:

1. books, games, records, pictures, and manipulative devices (e.g., puzzles, blocks) for use at home;

2. materials from community agencies and organizations, etc.;

3. suggestions for adapting household items and activities for working on skills at home;

4. a parent bulletin board with a calendar of events, community resource information, information on parenting issues, pictures of families, and relevant news items (e.g., current legislation).

### Providing support

Although many of the family needs for support and information can be met through a comprehensive service plan, some additional activities are:

1. Provide families with information on how to obtain respite care in the community and about opportunities for recreational, educational and/or therapeutic activities which can be adapted to meet the needs of their child.

2. Assist in the initial formation of advisory and other parent/professional groups:
   a) A parent-to-parent group: Parents work cooperatively to learn new skills and support each other;
   b) A family support group: Parents help each other to deal with ways members can reduce anxiety and learn methods of constructive coping;
   c) A parent advocate group: Parents are empowered in increasing the accessibility and quality of educational, social, and economic resources.

3. The EEE professional can be a useful resource by providing general information and consultation about parenting issues or providing referral to and information about other agencies (e.g., "Vermont Resources for Young Children with Special Needs and their Families"; "Essential Early Education in Vermont: A Parent Handbook").

## SUMMARY

A current trend in early childhood special education is to view the family as the primary target for intervention. **No longer** does the term "family involvement" imply that the needs of children and parents are separate, and that professionals are responsible for getting parents properly involved with their children. To the extent that the needs of families are understood systemically and that each family member is seen in the overall context of the family, the boundaries between services for families and services for children will become less distinct

(Foster, Berger, & McClean, 1981). This system of family involvement offers opportunities to help families in ways that both support their competence and meet their needs.

# Section VI: PERSONNEL

## DEFINITION

Personnel refers to the program staff necessary for providing quality EEE services to young children with handicaps and their families. Personnel also addresses the necessary attributes of education and experience required by program staff, the staff organizational model of a program, and the instruction and experiences provided to staff to upgrade skills for improved job performance.

## RATIONALE

Staff who provide services to children in EEE programs should be competent and appropriately trained to perform a particular job within the framework of the program's personnel organizational model. As staff competency increases through staff development and training, improved services to young children with special needs and their families increases also.

## REGULATIONS

### State Regulations Applicable to Staff

#### Section 5440-21 Certification Regulations for Vermont Educators: Special Education Teacher of the Handicapped

The holder is authorized to teach as noted on the certificate:

1. Essential Early Education classroom or Home Programs.
2. Intensive Special Education Classrooms or Multihandicapped.
3. Special Education Class Programs/Resource Teacher Programs.
4. Secondary Diversified Occupations Programs.

In order to be judged as competent, the candidate must have the following qualifications:

1. Understanding of the stages of sensorimotor, cognitive, language, and socioemotional development, and the acquisition of daily living and vocational skills, as relevant to the needs of the handicapped students.

2. Knowledge of the nature of handicapping conditions, the needs and problems of handicapped students, and of how to screen and assess students in order to determine special education eligibility and to structure an educational program.

3. Knowledge of ways to structure the learning environment and of how to develop, organize, and adapt curriculum and materials to meet student needs.

4. Knowledge of formal and informal methods to measure student skill development in academic areas.

5. Knowledge of the principle of normalization and the concept of least restrictive setting and of how to assist with the integration of handicapped students into regular classroom settings.

6. Knowledge of current laws and regulations regarding the teaching of handicapped students as well as research literature relevant to teaching handicapped students.

7. Ability to apply appropriate screening and assessment measures identifying students with special needs.

8. Ability to develop, identify and evaluate, or modify educational materials, curricula, and teaching strategies appropriate to meet students' educational needs.

9. Ability to develop Individual Educational Plans, as well as implement (direct services to students) and evaluate student progress using a variety of techniques including standardized tests, developmental scales, and/or behavioral objectives.

10. Ability to plan, organize, manage, and evaluate classroom activities using such methods as individualized educational plans, instructional groupings, behavioral management techniques, and student monitoring.

11. Ability to assist with the integration of handicapped students into regular classroom settings.

12. Ability to work with parents to help meet the educational needs of the student. (See section of this manual on Family Involvement).

13. Ability to coordinate school and community resources in students' educational programs.

14. Ability to integrate current laws and regulations and research findings into the education of the handicapped.

## Section 2160.18 Annotated Standards for Approving Vermont's Public Special Education - Essential Early Education Programs

1. Collaborate with other community agencies, child care facilities (e.g. child care centers), early education (Head Start) and kindergarten programs, health care providers, and others to coordinate services needed by young handicapped children and their parents.

2. Provide parents information about learning activities that can be carried out at home.

3. Assist students in making successful transitions from preschool to kindergarten or first grade.

## Section 5440-22 Certification Regulations for Vermont Educators, Speech Language Pathology

The holder is authorized to diagnose speech/language disorders and to assist regular and special education personnel in designing, implementing, and evaluating Individual Education Programs for the areas of language, hearing, articulation, fluency, and voice. The holder shall have a Master's degree or its equivalent in speech and language pathology.

In order to be judged as competent, the candidate must have the following qualifications:

1. General understanding of the factors which influence human growth and development and the relationship between learning and the development of communication disorders.

2. Knowledge of the anatomical, physiological, neurological, physical, psychological, genetic, and cultural aspects of speech and language development.

3. Knowledge of types of communications disorders, how they are prevented, corrected, classified, caused, and manifested, and the relationships among them as they may present themselves in the student with multiple problems, as well as knowledge about handicapping conditions in general.

4. Knowledge of techniques to screen and assess students' needs in the area of speech and language development and of how to design and implement a remedial program.

5. Knowledge of ways to structure the learning environment, and of how to develop, organize, and adapt curriculum and materials to teach or help others teach students with speech or language disorders.

6. Knowledge of special techniques to measure student speech and language development.

7. Knowledge of current laws and regulations, research, resources, and service relevant to the education of students with speech and language disorders.

8. A supervised clinical experience (300 hours) in speech and language pathology covering the areas of language, hearing, articulation, fluency, and voice for one semester full-time, or the equivalent amount of time.

9. Ability to apply appropriate screening and assessment measures to identify student with speech and language disorders.

10. Ability to work closely with teachers to develop, identify and evaluate, or modify educational materials, curricula, and teaching strategies appropriate to meet the educational needs of students with speech and language disorders.

11. Ability to work with teachers to develop individual educational plans and evaluate student progress in speech and language development.

12. Ability to demonstrate to teachers and school administrators effective classroom management techniques useful for teaching students with language and speech problems.

13. Ability to assist with the integration of students with speech and language disorders into the regular classroom setting.

14. Ability to work with parents to help meet the educational needs of students with speech and language disorders.

15. Ability to integrate current laws and regulations and current research findings in communication disorders into the curriculum for students with speech and language problems.

16. Ability to work closely with teachers and aides involved in the education of students with speech and language disorders.

## State Regulations Applicable to Staff Development

### Section 2182 Standards for approving Vermont's Public Schools
### Section 2182

**General Standard.** Staff members obtain professional development in areas of teaching assignments each year. Inservice education for the continuing professional development of the instructional staff is part of the school's educational plan.

**Program Specifications.** The school implements a staff development program which includes:

1. Participation in the development of a written inservice plan by the individuals who will receive the training.

2. Goals, objectives and activities appropriate for the school's staff.

3. Administrative support that fosters teacher participation.

4. Identification, collection, and development of resources that match the objectives.

5. Follow-up and maintenance of skills that are learned through inservice activities.

6. Communication of the program's goals and activities to the school staff and community to ensure common understanding.

7. Evaluation of the various inservice activities for the purpose of adjusting the plan as needed.

8. Long-range planning for future staff development.

## INTRODUCTION

An effective EEE program is greatly dependent upon the quality of its staff members. All personnel either directly or indirectly involved in providing services to young children with special needs and their families must possess certain qualifications for the fulfillment of their responsibilities. In addition, EEE program staff must be able to collaborate with professionals from other disciplines and parents according to the team model chosen for their program.

Since educational competencies are subject to revision through current research and best practices, personnel are expected to keep abreast of them and obtain the knowledge and skills necessary to update their educational practices. Staff development and training allows program staff to increase their competence and provide improved services to EEE children and their families.

This section of the manual provides information and guidelines for:

**Chapter 19: Staff** - Identifying the roles and the responsibilities of program staff, making caseload decisions, and selecting a staff organizational model.

**Chapter 20: Staff Development** - Suggesting steps to follow to provide a comprehensive staff development plan.

# Chapter 19: STAFF

## DEFINITION

Staff refers to personnel and personnel organizational models which a program chooses to employ.

## RATIONALE

Staff who provide services to young children with handicaps in EEE programs should have the education and experience to perform a particular job within the framework of the program's personnel organizational model.

## GUIDELINES

EEE program staff may include any of the following: EEE Coordinator and/or head teacher; EEE teacher; Speech and Language Pathologists; teacher aides; and related service personnel. Relative local factors (e.g., the number of children requiring services, the nature of the handicapping conditions, and the range of service delivery options) will dictate the number and type of professionals involved in the program on a regular basis. In order to put the program into operation, staff who will provide services must be hired. Some areas concerning staff that require planning are:

1. Job descriptions;
2. Time management;
3. Case management;
4. Caseload determination;
5. Teaming approach.

### Job Descriptions

The roles and responsibilities of all personnel who are involved in the education of young children with handicaps should be created and stated in the form of a job description. The development of clearly written job descriptions that reflect services needed and the program philosophy will help eliminate misunderstandings and disagreements between staff members about program tasks. Job descriptions for the staff members will vary across school districts but may include the following:

## EEE Coordinator/Head Teacher

It is common for an EEE teacher to be delegated the role of Head Teacher or Coordinator. As such, the responsibilities of this professional include program management, staff supervision, and interagency coordination among educational and community agencies. However, designating an EEE teacher to be the Coordinator largely depends upon the size of the program. If the program is large enough to have several staff members fulfilling the same roles (e.g., more than one full time SLP), this responsibility may be shared and/or given to another professional.

## EEE teachers

All EEE teachers providing special education services must be certified as a Special Education Teacher of the Handicapped and have an Essential Early Education endorsement from the Vermont State Department of Education. Section 5440-21 of the State Regulations list several competencies EEE teachers must have for certification. In addition, there are other competencies EEE teachers should have and are listed in Appendix M, "Competencies for Essential Early Educators." In addition, EEE teachers may be delegated the following general roles and responsibilities:

1. Supervision of teacher aides and/ or volunteers who assist with the child's educational program.

2. Team participation and planning training for other members (SLP's, related service personnel, parents, aides).

3. Recordkeeping and documentation.

4. Case management.

## Speech and Language Pathologist

Section 5440-22 of the State Regulations identifies the requirements and competencies individuals must have for receiving certification as a Speech and Language Pathologist. In addition, the following general roles and responsibilities may be delegated to the SLP:

1. Team participation and planning, including training team members (teachers, parents, aides).
2. IEP development and implementation.
3. Training others (e.g., teacher aides) to implement the child's program.
4. Consultation with parents, other team members, or with professionals from other programs, such as Head Start.

## Teacher aides

Although teacher aides are considered "paraprofessionals", written job descriptions should be developed to include statements regarding qualifications, duties, selection, evaluation, training procedures, and dismissal procedures as they are for the professionals described above.

Most teacher aides assist teachers in providing direct instruction to children and parents. This responsibility requires specific training for the teacher's aide. The teacher aide functions under the direct supervision of the EEE teacher. The Guidebook for Early Childhood Special Education Programs in Virginia's Public Schools (1985) lists the following responsibilities for teacher aides:

1. Preparing and arranging materials and equipment for classroom or home instruction.
2. Assisting in individual, small group, and large group instruction.
3. Assisting in screening.
4. Accompanying the teacher on home visits.
5. Assisting with parent training.
6. Observing, collecting data and recordkeeping as prescribed.

7. Assisting with all components of developmental instruction (e.g., communication, fine and gross motor development, and self-help skills such as feeding, toileting and washing).

8. Supporting the teacher in behavior management programs.

9. Attending relevant inservice training sessions.

Sometimes, paraprofessionals may be employed as aides to assist with the very specific needs of individual young children with handicaps. This may require specific training in lifting, positioning, toileting, and feeding young children with multiple handicaps. It is up to the LEA to insure that training for a specific responsibility has occurred.

## Volunteers

In a center-based program, volunteers may be used as additional aides in the classroom. Potential volunteers include parents, high school students, senior citizens, university or college students, or members of community service organizations or religious groups. Volunteers may assume some of the same responsibilities as teacher aides or they may choose a nonteaching task such as construction of materials, organizing field trips, or raising money for special projects. They should be invited, also, to inservice training opportunities provided for teacher aides.

**Additional considerations and prerequisites for hiring paraprofessional staff members.** Desirable qualifications for other paraprofessional staff members (i.e., teacher aides) include a background in child development and experience in working with families (e.g., Head Start experience). Whenever possible, candidates should furnish resumes, recommendations, references and other pertinent materials that attest to their skills in working with children and families. Arranging situations as part of the interview process that allow for observation of prospective staff interactions with young children with handicaps may provide additional insights regarding the skills of candidates.

To ensure that the program philosophies and preferred teaching methods of prospective candidates are consistent with those of the program, applicants should be informed about the program's position on these issues. Also, before hiring occurs, expectations regarding staff performance, work hours and other job requirements should be presented.

Related service personnel

There are a number of related service personnel who provide services to young children with handicaps in EEE programs. The roles and responsibilities of related service personnel are discussed in Chapter 14: Related Services.

### Time Management

Time management is a responsibility of the EEE professional that contributes to increased job satisfaction and decreased stress. All teachers' job requirements are very demanding. Not only must teachers develop and implement a variety of individualized program plans for young children with handicaps and their families, they must also create materials, organize environments, and attend a variety of meetings. A professional who has responsibilities both as a program coordinator and as a teacher has a multitude of commitments.

In order to make the most efficient use of the time allotted to complete required tasks, planning time to accomplish specific tasks must occur. Work time should be divided to address each of the major components of an EEE program, as outlined in this manual's Table of Contents:

1. Overall program development, including the development of program philosophy, policies and procedures, service delivery options, and program evaluation.

2. Child find and identification, including establishing community awareness, referral, and screening procedures and activities.

3. Assessment.

4. Instructional planning and implementation, including curriculum development, and the development, implementation, and evaluation of IEPs.

5. Family involvement.

6. Personnel management and ongoing staff development.

7. Community relations, including establishing interagency collaborative agreements and involving the community in supporting its local EEE program.

8. Miscellaneous programmatic considerations that promote the day to day functioning of the EEE program.

Strong consideration should be given to those activities which indirectly support the program's efforts to address each of these eight program components. These activities include: planning time, paperwork, travel, incidental contacts with professionals and parents, etc.

One way to establish an effective time management plan is to create a short-term schedule (i.e., daily and weekly) of the time allotted for each of the above activities, as well as a long-term schedule (i.e., monthly and for the whole school year). This could be done in the same calendar format as the teacher's plan book or in some individually chosen style. (See sample schedules in Appendix N). The ability to organize and use one's time efficiently is a competency which will ultimately benefit teachers, children, and their parents.

### Case Management

One EEE professional should act as an individual child's case manager. The case manager serves as the primary contact for the parents and a liaison between the parents and all professionals and agencies involved in the child's program. His/her primary responsibilities include: 1) coordinating all services (and agencies) provided to the child and family; 2) maintaining all procedural safeguards (e.g., confidentiality of records, insuring that timelines are met, parental notification of the IEP meeting, and consent for placement) for the young child with handicaps and his/her family; 3) insuring that the IEP is written and in place; 4) coordinating all reports regarding the child's involvement in the program; and 5) requesting regular updates on the child from other agencies working with the child and family.

**Caseload Determination**

Once programs have created clear job descriptions for staff, decisions should be made regarding staffing patterns for the program. These staffing patterns will be determined by the size of the caseload for each EEE professional (i.e., children for whom the professional is responsible for managing instruction and monitoring progress). The following discussion addresses two areas:

1. Considerations for determining caseload;
2. Recommendations for caseload size.

## Considerations for determining caseload

The numbers of children that can be served by an EEE teacher, SLP or program are dependent upon the following variables:

1. the program's service delivery model (home-based, center-based, outreach/consultative, or a combination);
2. the ages of the children served (0-3, 3-5, or 0-5);
3. the severity of handicapping condition of the children and the intensity of their needs;
4. the proportion of the EEE Coordinator's time that is spent in program coordination and administration;
5. geographic factors in the region.
6. the demographics of the child's family (i.e., socio-economic status, education) that may impact upon the child's program and family needs which, in turn, will impact upon staff needs.

## Recommendations for caseload size

The provision of quality services to young children with handicaps and their families requires adequate numbers of staff. Recommendations for caseload size are:

1. for an EEE professional (teacher or SLP) using a home-, center-, and/or consultative-based model, the professional's caseload (i.e., children for whom the professional is responsible for managing instruction and monitoring progress) should not exceed 12-15 IEPs at any given time. For the home-based and consultative model, this caseload recommendation is based upon one visit or consultation per week for each child and an average of three visits per day per teacher.

2. for an EEE classroom serving children ages 3-5, the adult/child ratio should be no more than 5 children per adult (including a teacher, an aide, or an SLP, etc.).

3. for an EEE classroom serving children ages 3-5, there should be no more than 15 children in the classroom (which meets all regulations regarding average class size and square foot allotment per child, i.e., 50 square feet, according to the Standards for Approving Vermont's Public Schools) at any given time.

4. if the EEE teacher also has assumed (or is assigned) coordination and administrative responsibilities, his/her caseload should be reduced by at least 20-50% based upon the size of the program, the size of the total caseload, and on additional duties as outlined in the job description.

It should be noted that these figures for recommended caseloads suggest the maximum number of children to be served by EEE professionals. These recommendations are **not** intended to bring programs up to maximum, but rather, **to limit** the numbers of children served per staff member in order to **maintain quality service delivery.**

### Selecting a Staffing or Teaming Approach

Critical to the effective functioning of an exemplary EEE program is the selection of a staffing or teaming approach designed to maximize instructional time in a consistent and cost-effective manner. The following discussion presents differences between three team approaches which staff can use: multidisciplinary, interdisciplinary, and transdisciplinary. In addition, information is offered about collaborative teaming principles which can be used in conjunction with the other approaches.

### Team approaches: multidisciplinary, interdisciplinary, and transdisciplinary

In the multidisciplinary approach, each professional interacts with the child in relative isolation, sharing information with others through infrequent formal meetings. In the interdisciplinary approach, the team members share information more frequently, but role definitions and areas of responsibility are rigidly adhered to. Professionals may work together in their efforts to deliver services, but their behavior reflects more of a "taking turns" approach. In these two models, the responsibility for direct service to the young child with handicaps and his/her family is shared to varying degrees by representatives of the various disciplines.

The third approach is the transdisciplinary approach. This team approach attempts to break the traditional rigidity of discipline boundaries by promoting information sharing and, through reciprocal training, actual role sharing. In the transdisciplinary approach, the the primary direct service providers are selected by the team (i.e., the family, child care staff, EEE teacher, SLP) and are trained by the other participating professionals of the team to carry out their respective goals. In this way, services are provided by individuals who work on potentially all goal areas and interface them into a "whole child" program. Additional advantages are that it provides consistency in service provision, decreases "down time" spent moving among the various professionals, and should insure that components interact and support, rather than conflict, with one another. Implementing a transdiciplinary approach requires effective organization of the varied staff that may be involved in one child's program.

**Collaborative teaming** (adapted from Thousand, Fox, Reid, Godek, & Williams, in press)

In order for any team to successfully accomplish a task, team members need to agree upon the goal or overall outcome they hope to achieve. The way in which team members choose to structure their interactions as they work toward goal accomplishment determines:

1. whether the goal is achieved to the satisfaction of all members;
2. whether each member feels a sense of "ownership" for the group's outcome; and
3. the extent to which members maintain relationships with one another.

A **cooperative** goal structure exists when the members of a team perceive that they can obtain their goal if, and only if, the other team members also obtain their goals. An example of this "sink or swim together" goal structure is when teachers currently involved with a student, and those who may instruct the student in the future, work together to plan for a transition which will benefit the student (i.e., achieve the common group goal) and, simultaneously, meet the needs of individual team members (i.e., achieve the individual goals of each team member). A cooperative goal structure is most likely to result in interaction patterns which promote workable solutions to problems, ownership for solutions, good interpersonal relationships, and feelings of mutuality among team members.

The collaborative teaming process is based upon principles and strategies which have been used widely by educators to teach heterogeneous groups of students to learn cooperatively (Johnson, et. al., 1984). The collaborative teaming process occurs when there is positive interdependence among the team members and the team members have acquired a number of collaborative teaming skills. There are four ways which collaborative teams develop interdependence: by mutually agreeing to common goals; by sharing the resource of information and skills which exist among the team members; by insuring that team members receive the same reward for achieving the group goal and, if the goal is not achieved, no one person is pointed to as responsible for this failure; and, by sharing the different leadership responsibilities so that the team has no one leader. The rotating leadership roles assumed by team members include the following:

1. **FACILITATOR** - The facilitator encourages each member of the team to participate.
2. **RECORDER** - The recorder records the team's agenda on a publicly displayed flip chart.
3. **TIMEKEEPER** - The timekeeper monitors the time allotted for each agenda item, encourages the team to stop activities at agreed upon times, and alerts the team when it is approaching the end of an agreed upon time period.
4. **OBSERVER** - The observer observes and records team members' behaviors which promote task achievement or maintenance of relationships and discusses these observations with the team at the end of specified time periods.

There are three sets of collaboration skills for teams to acquire and practice. The first set of skills involve the "formation" of the team. These include basic management skills that result in an organized team with an established set of expectations for what will occur at team meetings. Important skills in this category involve using a structured written planning and recording format to notify team members of:

1. the purpose (agenda items) and length (time limit) of a meeting
2. acknowledging present and absent members
3. assigning roles (i.e., facilitator, recorder, timekeeper, observer)
4. assigning group and individual tasks to be performed before the next meeting
5. having a system to ensure that everyone has "their say", with no "put downs"

The second set of collaborative skills are ones needed to establish smooth functioning of the collaborative team. These skills focus upon two sets of leadership behaviors: (1) behaviors which assist the team to **accomplish the task**, and (2) behaviors which assist team members to **maintain positive working relationships** with one another. Tasks and relationship skills which team members should acquire and practice during meetings are listed in Table 1.

A third set of collaborative skills are ones important when teams are faced with conflict of opinions, controversy, and the need to reorganize existing information or create new systems. Performance of these skills reflects team members' positive attitudes and appreciation for differences of opinion and their competence and confidence in handling conflicts. Some important skills which team members need to practice in this area are:

1. Criticizing an idea, **not** the person
2. Integrating several opinions into a single position
3. Probing for more information by asking questions such as, "How might it work in this situation...? "What else leads you to believe...?
4. Building on a teammate's idea or conclusion

5. Seeing an idea from another person's perspective.

When a collaborative team is formed, members of the team are at a variety of different levels in their competence and confidence in performing the conflict resolution skills described above. As collaborative teams continue to meet, members need to practice these skills in order to generate creative solutions in an atmosphere that supports divergent and convergent thinking.

### TABLE 1

### Collaborative Skills

| Task Skills | Relationship Skills |
|---|---|
| o Offering Information | o Encouraging Participation |
| o Offering Opinions | o Offering a Tension Reliever |
| o Acting as an Information Seeker | o Being a Communication Helper |
| o Diagnosing Group Difficulties | o Being a Process Observer |
| o Coordinating Work | o Being an Active Listener |
| o Acting as a Recorder | o Offering Personal Support |
| o Acting as a Timekeeper | o Being a Praiser |
| o Giving Help | o Being a Harmonizer and Compromiser |
| o Asking for Help | o Being an Interpersonal Problem-Solver |
| o Asking Questions | |

# Chapter 20: STAFF DEVELOPMENT

## DEFINITION

Staff development includes the ongoing education, supervision, and updating of program staff regarding current trends and best practices in the delivery of services to young children with handicaps and their families.

## RATIONALE

EEE program staff require a variety of specialized skills in order to meet the unique needs of young children with handicaps and their families. If staff do not possess all of these skills upon completion of their preservice training, continuing education and inservice training opportunities needs to be made available. In addition, as the field of early childhood special education continues to develop, EEE staff need an ongoing program of staff development in order to "keep up."

## GUIDELINES

A quality staff development component should be consistent with the program philosophy and include a wide variety of ongoing experiences for staff improvement. The purpose of the many activities subsumed under this title is to provide the following to staff:

1. Supplementary training to enable personnel to acquire additional background and skills so that they may assume the roles and responsibilities of the job and demonstrate best educational practices;

2. Ongoing information and training regarding new developments in the field which have been demonstrated through research to be effective for service delivery;

3. Ongoing support for all staff in recognition of their important contribution to the program.

The philosophy of the program must be integrated into the staff development plan. For instance, if the program promotes the cooperation of all service providers involved through a transdisciplinary approach, all personnel will be required to work with other professionals and ancillary staff to provide services across traditional discipline boundaries. Staff development policies should recognize the many skills of existing staff members for training and consultation with each other. This type of inservice training plan encourages the development of a network of in-house experts that are available to other staff members.

These steps should be followed to provide a comprehensive staff development plan for an EEE program:

1. Identify competencies needed by the staff members;
2. Conduct a staff needs assessment;
3. Develop written training plans to address areas of need;
4. Implement learning activities of the training plan;
5. Evaluate the training plan.

### Identify Competencies Needed by the Staff Members

The purpose of this step is to determine the knowledge, attitudes, and skills needed by staff to fulfill their job roles and demonstrate current best educational practices. If clear job descriptions have been written which identify the roles and responsibilities of each staff member, that information will be useful for completing this step.

Competency-based inservice provides a reference for planning and individualizing training, assists in determining priorities for training, and can become a vehicle to apply the knowledge gained (Falkenstein, 1977). However, it is very difficult to enumerate with any specificity the multitude of competencies that are appropriate for EEE staff that cut across discipline areas.

Some competencies that apply to EEE Teachers have been listed in the Certification Regulations for Vermont Educators Section 5440-21, Special Education Teacher of the Handicapped, and can be found in Section IV: Personnel. A list of other competency clusters can by found in Appendix M.

## Conduct a Staff Needs Assessment

Not all staff will need to have the same level of competence in a particular area. There are 3 levels of knowledge and skill acquisition which can be used to specify the competence level needed by a particular staff member: 1) awareness, 2) working knowledge, 3) expertise.

For example, a Special Education Administrator should have a general awareness of the impact of good positioning upon the learning and participation of all children. A teacher should have a working knowledge of the sequence of procedures necessary to insure good positioning throughout the day. Still, a physical therapist must have enough expertise to suggest methods for remediating difficult positioning and identify adaptive equipment needed.

Information about staff levels of competence and training needs may come from several sources. It is very important for staff to be involved in identifying their own needs. Background experiences and training should be identified by staff through the use of an interview. Questionnaires may be used to give staff an opportunity to express their interest in training in specific areas. In some cases, where the EEE staff is small, staff planning for inservice training may be done at a district-wide level by the Special Education Administrator. A sample needs assessment questionnaire for staff development can be found in Appendix O.

Self-assessments also can be useful for staff to identify their own areas of need and set to goals for themselves (Linder, 1983). A checklist of competencies can be a means for the EEE Coordinator and other team members to observe staff and check performance. A method for determining strengths as well as weaknesses should be included in the assessment. Training can be conducted by program staff who have expertise in the areas identified as needed by the other staff members. This may also serve as a reward for those staff who assist in providing the training.

## Develop Written Training Plans to Address Areas of Need

At least annually, after all of the staff assessments are completed, the Essential Early Education Coordinator or Head Teacher should review the results of individual assessments with each staff member. Together, the EEE staff person and the Coordinator can go over the individual assessment. Areas of strength and weakness, as well as any objective data collected through observation should be discussed. The EEE Coordinator and staff member should determine competency areas for the individual to target for training. As an incentive to receive training, it may be helpful to allow the staff member to choose an area of concentration first. However, some competencies are sequential and can not be learned without prerequisite skills. For example, before an individual can assess a child's level of functioning using nonstandardized techniques, he/she should have knowledge of the impact of the environment on the child's development. Program priorities also should be taken into consideration when selecting competencies to focus for training. For instance, gaining competence for planning and implementing screenings may be more important than becoming competent enough to articulate criteria for selecting curricula, methods and materials for young children with handicaps.

After targeting the priority competencies for professional growth, the Coordinator and staff member can identify the best method(s) for accomplishing the goals, and create reasonable timelines for achieving the desired outcomes. Whenever possible, staff who already possess competence in an area should be used to help train other staff members. For example, the SLP could provide some staff members with information about language assessment to increase their awareness and/or working knowledge. By using program staff for training, their self-confidence is strengthened and money can be used for other staff development activities.

In addition to identifying individual needs, the Coordinator also should review the information gathered collectively from the EEE program staff to identify sets of skills needed by the group. To identify the training needs of the entire program staff, a group staff meeting can be held to look at sets of skills which may need to be addressed in combination (e.g., communicating with families and family involvement) and to plan relevant activities. In a small EEE program (staff of 2-3), the information may be given to the Special Education Administrator who makes decisions regarding inservice training for the district. Some consideration should be given to areas which will immediately impact upon the effectiveness of program functioning. For example, transition concerns may be more relevant in the spring than other less immediate concerns which could be addressed earlier in the year.

A variety of incentives can be offered for participation in staff development activities. While staff members may desire to increase their knowledge there may be other factors (e.g., lack of time or money) interfering with their involvement. Individual barriers to participation in staff development activities should be taken into consideration when decisions about incentives are made.

### Implement Training Plans

There are many ways to acquire knowledge and skills. The EEE Coordinator is a key person for matching staff development needs with appropriate educational resources. He/she is responsible for being aware of all possible community resources, service providers, and other linkages between the special education program and other sources of training and materials which can be used to aid this effort.

It is important for the Coordinator to consider the various levels of competence staff members possess when choosing methods for training. Whereas selected readings may be used to promote a general awareness, working knowledge may be more appropriately addressed through applied experiences or videotaped lessons and adequate follow-up to insure adoption and retention of the desired skills. The methods chosen for inservice training experiences should be the result of careful planning by the EEE Coordinator based on input from staff members.

Staff development activities offered should reflect current research and best practices for young children with handicaps. When decisions are being made regarding learning alternatives, consideration should be given to the following:

1. efficiency and effectiveness

2. cost-effectiveness
3. interest level
4. motivational factors/reinforcement
5. necessary prerequisite knowledge or skills
6. support needed
7. time involved
8. need for follow-up
9. scheduling problems
10. generalizability
11. staff supervision time required
12. special equipment or materials necessary
13. individual learning styles
14. available resources

### Evaluate the Training Plan

It is important to plan how the effectiveness of the training plan and its impact upon the growth of staff members will be evaluated. The evaluation process can include a means for staff members to conduct self-evaluations as well as opportunities for the EEE Coordinator to give and receive feedback. There should be information available which documents the participants entry level of knowledge and skill that can serve as a type of baseline measure. Once this information is obtained, the staff development plan's effectiveness can be evaluated.

One method utilized for evaluation is through pre- and post- test measures. While this technique is appropriate for inservice activities aimed at increasing knowledge levels, it is not recommended for evaluating higher levels of working knowledge. Demonstrations of working knowledge competence require comparing baseline or beginning measures with current demonstrable levels of functioning.

As individual inservice activities occur, staff members can be responsible for recording his/her progress toward mutually determined objectives. Data can be collected by the EEE Coordinator via questionnaires, rating scales, and interviews regarding individual and/or group change. The data can also be collected by individual members to evaluate their own professional change. Observations of staff provide the Coordinator with a means for assessing staff changes in working knowledge. Follow-up discussions between the EEE Coordinator and program staff members allow the Coordinator a chance to observe changes in attitude and application of knowledge. For example, staff could be asked to apply new knowledge by planning for changes in the existing program.

Staff journals or activity checklists can be an effective way for program staff to be involved in their own assessment. By keeping a journal or a checklist of daily activities, staff can have documentation of growth toward a particular goal. The data can help staff conduct a self-analysis of strengths and weaknesses as well as a self-assessment of program objectives. Frequent conferences with the Coordinator are needed to discuss the material in the journal or on the checklist as it relates to individual staff development.

Information can be acquired through site visits, conference and workshop attendance, lectures, seminars and university course work. Some of the new knowledge gained can be shared with other staff in a way that is meaningful to them. For example, requiring staff to prepare a handout on the topic or to be involved in planning a workshop in the area can help individuals integrate the new information.

One other means of evaluation could involve requiring a staff member to create a product for use in the program. For example, a staff member could create a slide-tape presentation, a video tape, a specialized material (e.g., game), or information packet. The usefulness of the product can be a measure of success.

The optimal assessment of staff development will incorporate both supervisor evaluation and self-evaluation. In some instances, another staff member might be asked to assist in the evaluation effort. For example, the SLP may be the appropriate person to help evaluate training activities following an inservice workshop on language assessment.

Although the ultimate responsibility for staff development is shared by the Special Education Administrator and the EEE Coordinator, it is extremely important for other staff members to provide input into the staff development process.

# Section VII: COMMUNITY RELATIONS

## DEFINITION

An Essential Early Education Program's community relations consist of the relationship established with other agencies which serve young children, advocacy groups, local school districts, and the public.

## RATIONALE

A network of systematic communication and involvement must be established between the EEE program and the community so that the program is understood, valued and supported. Through cooperation with community agencies, more comprehensive services can be provided.

## REGULATIONS

### State Regulations

Section 2365.8.6 Community Involvement

In those communities with an Essential Early Education program, the superintendent or a designee shall develop a plan to obtain community involvement in the following areas:

1. coordination of community agencies for preschool programs and services;
2. community support and awareness;
3. involvement of parents;
4. involvement of area pediatricians and physicians.

Section 2365.8.5 Process for Identification and Evaluation (Paragraph Three)

A procedure shall be developed for contacting all parents of children up to three years of age to inform them of special services for preschool handicapped pupils for providing free screening and consultation, and for obtaining referrals from health and mental health agencies and private physicians in the area.

## GUIDELINES

It is a priority for an Essential Early Education program to establish a positive, interactive relationship with the community. This involvement must be well planned and actively solicited. The two chapters in this section present guidelines that are designed to:

**Chapter 21: Interagency Collaboration** - Establish cooperation among community agencies.

**Chapter 22: Community Involvement and Advocacy Group Interaction** - Establish involvement with local school districts, individuals who advocate for children, and the general public.

## Chapter 21: INTERAGENCY COLLABORATION

### DEFINITION

Interagency collaboration refers to efforts on the part of separate service providers to work together to share ideas, information, and resources to improve comprehensive service delivery to young children with handicaps and their families.

### RATIONALE

No single agency provides services which meet all of the needs of families with young children, (i.e., health, education, social, and economic). By combining agency resources and personnel, a more complete, coordinated service delivery system can be provided.

### GUIDELINES

#### Benefits of Interagency Collaboration

Throughout the State, there is a strong need to coordinate the activities of the many individuals and agencies serving young children with handicaps and their families. Interagency collaboration can have the following benefits:

1. Minimizing or eliminating duplication or overlap of services through an awareness of each agency's service program and goals.

2. Focusing agency efforts on the child and family needs, and making professionals aware of the demands made on the family by the agencies involved.

3. Fostering more appropriate referrals by clarifying eligibility standards.

4. Improving existing programs and effectiveness of staff, and making efficient use of resources.

5. Allowing joint planning and intervention in difficult family situations.

6. Improving accountability.

7. Allowing a consultation model to be used (e.g., with other child care/preschool programs) so that EEE programs may serve a larger number of children.

8. Increasing mutual support among service providers.

9. Building a broader professional network which increases the advocacy base and improves understanding and respect for each agency's roles and responsibilities.

Realizing these benefits, the importance of interagency collaboration is clear. However, the actual coordination of services can be difficult, both for new and established EEE programs.

**Establishing Interagency Collaboration**

The following information should serve as a point of departure for establishing community collaboration and coordination of services - a first step toward the development of a continuum of services for young children with handicaps and their families. One vehicle for accomplishing this task is through the combined efforts of an interagency steering committee. The steps needed to organize such a steering committee and coordinate community resources will be discussed:

1. Identify goals of interagency collaboration.
2. Identify community resources and local contact persons who can be involved.
3. Schedule steering committee planning meetings.
4. Clarify roles and responsibilities among service providers.
5. Identify interagency efforts already in existence.
6. Identify unmet needs of families.
7. Establish new interagency agreements.

Identify goals of interagency collaboration

It is an obvious, but often overlooked point, that before a collaborative effort starts, goals for such an effort should be identified by the EEE program staff. For example, goals could be:

- All service providers are aware of the resources which exist, and the procedures for helping families gain access to these services.

- All service providers are aware of all other service providers involved with families on their caseload.

- A community-based, "least restrictive" delivery system is developed which provides a written and operational individualized program plan for all young children with handicaps and their families.

The type of goal chosen will structure the subsequent planning that is necessary. In all cases, the goal should be made clear to the representatives of other agencies when they are approached regarding the collaborative effort.

## Identify community resources and local contact persons

If the EEE program has established a community awareness program and completed a "Survey of Community Resources", (see Chapter 7 and Appendix B), much of this step will have been completed. The information should be reviewed to determine if other resources or individuals should be added, based on the goals established. If this information has not been collected, the EEE program must begin by listing the resources available in the local community. Information about each resource, including the name of the local contact person, should then be collected. A form such as the "Survey of Community Resources" can be used. It may be necessary to contact each agency by phone or personal visit to review the type and degree of service they provide. This is a good method for developing rapport with an agency representative and relaying the importance of interagency cooperation. A reluctance to become part of an interagency coalition (perhaps due to time constraints or disinterest) may be identified and remedied through such contacts.

Various community and human service agencies that could be involved include:

- Members of the EEE program, and others in the local education agency such as the School Board

- Local/Regional Department of Social and Rehabilitative Services (SRS)

- Local/Regional Department of Health including representatives of programs such as Child Development Clinic, Handicapped Children's Services, WIC (Women, Infants, and Children Supplemental Nutrition Program), Partners in Health (Medicaid), Well-Child Clinics, etc.

- Community Mental Health Centers

- Child Protection Teams

- Other health facilities (hospitals, clinics)

- Medical personnel including pediatricians, family practitioners, and others active with young children in the community

- Visiting Nurses Association (VNA)

- Home Health Agencies

- Public school PTO

- Private preschools and child care facilities

- Head Start programs

- Rural Education (Migrant) programs

- Parent-Child Centers

- Advocacy groups

- Parent groups

- Adult Basic Education Learning Centers

- Community Action Programs

- Members of civic organizations, charities, and other educationally oriented groups

- Public service agencies, fraternal organizations (Kiwanis, Lions Clubs, etc.)

Every attempt should be made to seek the recognition and support of state or regional officials whose jobs parallel those at local levels.

### Schedule planning meetings for the steering committee

The next step is for the Special Education Administrator or EEE Coordinator to develop a steering committee comprised of representatives of the various community and human service agencies. This is not always an easily accomplished task. In many cases, state and local agency administrators have hesitated to join forces (A list of barriers created by Pollard, Hall and Keeran (1979) can be found in Appendix P). It is important to keep in mind that these obstacles can be overcome. A successful coordination effort can be accomplished by careful planning and consideration of the possible barriers.

An initial meeting with representatives from each agency or program should be held for the purposes of discussing the benefits of interagency cooperation and establishing an interagency steering committee. Initial planning meetings are extremely important in establishing groups and in gaining the commitment of the community. It is also important to note that "participation" may be defined differently for different individuals and agencies. For some, it may be in the form of membership on the steering committee. For others, it may be a willingness to supply statistical data or to be available as a service provider. Once the community needs and goals for the effort are established, participants will be able to determine how they can best make a contribution.

## Clarify roles and responsibilities among resources

It is imperative to know the roles and responsibilities of each agency providing services to families with young children. Resources can be used most effectively if duplication of efforts is eliminated and gaps in service delivery are filled through closer coordination. Although agencies usually have a partial understanding of other agencies' roles and responsibilities, more detailed information needs to be exchanged. If this is a need and a goal for an individual program, information sharing can be the focus of the first interagency planning meeting. Based on the program's goal, one other agency can be involved, or a large group of all agencies in the area can participate. Because many agencies serve a region which includes several EEE programs, the coordinators of those programs may want to jointly plan an information sharing meeting. All groups participating can be given a blank sheet to fill out including their program's title, population served, types of services provided, geographic areas served, personnel assigned to areas within the region, the eligibility criteria, the funding sources, and the procedures for families to gain access to those services, or for another program to make a referral. Each agency should duplicate enough copies for everyone attending the meeting. Program brochures can supplement this information.

### Identifying interagency efforts already in existence

After agencies have a clear idea of the roles and responsibilities of other agencies, the process of working together can be determined. Most likely, some cooperation has existed in the past, either on an informal or formal basis. These areas should be identified and discussed.

### Identify unmet needs of families

The next step of the steering committee is to identify the unmet needs of families. The information collected thus far should allow the steering committee to come to some conclusions regarding the needs of the community, and the gaps in services which should be addressed. At this point, the interagency group would:

1. List needs for services.
2. Briefly indicate the reasons the needs exist.
3. Identify the resources necessary to fill the needs.
4. Summarize ideas for securing the necessary resources.

### Establish new interagency agreements

New agreements can be established either based on the revision of previous efforts, or based on previously unaddressed needs. These agreements may be informal, but a written record is recommended. The agreements may relate to referral, promoting awareness of EEE among parents, screening, provision of services, transportation, consultation, or other areas.

## SUMMARY

After these steps have been completed, the community should have a coordinated, cost-effective service delivery system for the education of young children with handicaps. The interagency group established should provide ongoing communication and ensure the continuing renewal and revision of interagency agreements. Additional needs for services in the community, and possible solutions, should also be addressed.

## Chapter 22: COMMUNITY INVOLVEMENT AND ADVOCACY GROUP INTERACTION

### DEFINITION

Involvement and interaction with the community refers to the relationship shared by the Essential Early Education program and the members of the surrounding community. This community includes the administrative and teaching staff of the local school district, members of advocacy groups and other concerned individuals, and the general public.

### RATIONALE

The establishment and support of Essential Early Education services, both at the local and state level, are dependent upon the understanding and support of the public and the involvement of those who advocate for appropriate services for young children with handicaps and their families.

### GUIDELINES

#### Purposes of Community Involvement

The community awareness campaign, (Chapter 6), and the development of interagency collaboration, (Chapter 21) are components of a comprehensive community involvement effort. However, partly due to the present funding pattern of EEE services, the members of a community may feel the program is a "state program" and feel little local ownership or responsibility. For the EEE program to become an integral member of the community, and to be supported by the community, active involvement with the general public and concerned individuals must encompass more than awareness of child find efforts and interagency collaboration. The goal of community involvement should be to establish and maintain an ongoing system for informing and involving the public so that they value and support the EEE program, understanding both its purpose and the contributions it makes to the community.

## Methods for Acquiring Community Support

To marshall extensive community involvement and support, an EEE program must target those individuals and groups within the community on which the EEE program's efforts should be focused. These would include:

- elementary school teachers
- elementary school and district administrators
- school board members
- local legislators
- all parents
- parent-teacher organizations
- advocacy and parent support groups (refer to the list in Appendix Q)
- community groups, such as Kiwanis, Lions, etc.
- taxpayers
- registered voters

In order for these individuals to value and support the EEE program, they first must be informed about the activities of the program. Examples of methods to share this information are discussed below.

1. General information about the program can be communicated through brochures and posters. These should be distributed in public places such as doctor's offices, stores, etc. and at school board and town meetings.

2. An "open house" can be held in the EEE office or classroom. When possible, this should be in conjunction with the elementary school "open house" or parent teacher night. Information about the program, including school projects and children's work should be displayed. A slide show is especially effective for sharing information about the program. To gain attendance by those other than parents of EEE children, the events should be well advertised.

3. Schools which do not house an EEE classroom do not have the benefit of seeing the children "in action", even though children from within that district may participate in the program. So that they may feel more involved, bulletin boards containing photographs, artwork, or other projects can be placed in each school periodically .

4. To keep local school districts aware of all children participating in an EEE program, the principal should be notified each time a new child residing within their school district is found to be eligible, and each time a child moves outside the district.

5. A town newspaper or school newsletter article can be written to describe program activities. A copy of the article, with a personal note or memo, can be sent to individuals such as school administrators, school board chairpersons, and legislators. Appropriate topics would include activities in which the children are involved (e.g., instructional units, classroom visitors, field trips, or graduation ceremonies), courses, conferences, or presentations in which EEE staff participate; and workshops or meetings planned for parents.

6. So that the community understands the benefits of EEE services, it is important to communicate follow-up data. After an EEE screening, an article can be written including the percent of preschoolers in the local community who attended the screening. At the end of each year, information regarding the number of referrals responded to, the number of children served, and the number of children entering kindergarten can be distributed to administrators, school board members and other interested individuals. Most importantly, long-term data regarding the benefits of EEE services should be widely disseminated. This may be measured by the numbers of children no longer receiving special education services, by teacher and parent reports of satisfaction, and by other means discussed in Chapter 5, Program Evaluation. In addition to newspaper and newsletter articles for the public to read, this information can be communicated in the form of "memos" or reports to school personnel. In whatever form the information is communicated, the writer should take care that the material is written in terms which are meaningful to the reader.

In addition to keeping the community informed about the EEE program, direct support should be elicited whenever possible. This can take many forms.

1. Volunteers, including elementary, high school, and college students, parents, and senior citizens, can be used in the classroom for direct instruction and assistance during play and other activities.

2. Individuals may also volunteer their time to share a special talent or resource as a classroom visitor or for a field trip. For example, a musician might bring instruments in to play, or a dance instructor may provide a creative movement class. A fire fighter may allow the children to visit the station, or a

farmer may welcome the class to visit the animals and ride on a hay wagon.

3. Community members who have talents for drawing, sewing, or carpentry may be willing to make classroom materials or adaptive equipment. Art, home economics, or industrial arts classes are also excellent resources.

4. Transportation needs of children may be met through volunteers or existing community carpools.

5. Community members should be invited to participate in activities which give direction to the EEE program, such as the development of a program philosophy, policies, or curriculum.

6. Donations may be solicited for program needs. This may take the form of materials such as books, toys, or furniture. It may also involve funds for special projects. Requests should be specific regarding the item needed or the purpose of the project. Community service groups, parent teacher organizations, and local businesses are good sources for this type of assistance.

7. Parents, advocacy groups, and other members of the community are essential to influence the funding of EEE services at the state and local level. They should be encouraged to contact school board chairpersons, local legislators, and their state senator and representatives to express their belief in the importance of EEE services. At certain times, such as when a bill is pending, the EEE staff may want to circulate addresses of legislators to encourage individuals to advocate for services.

The EEE Coordinator should review and evaluate the program's ongoing efforts involving school personnel, advocacy groups, and other members of the community on an annual basis. Consistent, frequent interaction with many individuals is essential so that the EEE program is "owned" by, and is a valued part of the larger community.

## Section VIII: MISCELLANEOUS PROGRAMMATIC CONSIDERATIONS

### DEFINITION

Miscellaneous programmatic considerations refers to guidelines for EEE programs in the areas of: physical space, transportation, and fiscal resources.

### RATIONALE

Some programmatic considerations that are important to the overall operation of the program do not fall neatly into any one of the major program components. However, they are still necessary to ensure the delivery of quality services to young children with handicaps and their families.

### REGULATIONS

#### State Regulations

Section 2191 Facilities (Annotated Standards for Approving Vermont's Public Schools)

1. The design and operation of the school facilities are in full compliance with all applicable state fire, health, and safety standards and the architectural barriers code.
2. The building and grounds are clean and well maintained.
3. Classrooms are free of overcrowding and suited to the teaching strategies employed. There is effective acoustical separation between teaching stations so that learning activities in one area do not distract from learning activities in another. Storage spaces are appropriately designed for their intended purposes.
4. Traffic flow throughout the building is free of congestion. Classroom activities are not disturbed by traffic flow.
5. Rooms for administrative and pupil services provide adequate working space for these functions and necessary accommodations for private conferences with pupils and parents. There is safe and confidential storage of student education records.
6. The environmental control systems of the school operate without distraction to school activities. Ventilation is sufficient to assure that the air is fresh and free of disagreeable odors and staleness. Temperatures can be maintained within comfortable limits in all occupied parts of the building.

7. Ancillary instructional activities take place in appropriate and conveniently located rooms.

8. In the school yard, school bus discharge and loading and access to the outdoor facilities of the school is such that student safety is not threatened by motor vehicle traffic.

9. Noise of highway traffic, air traffic, or industrial plants does not interfere with school activities. The school site is free from environmental pollution.

## Section 2366.5 Transportation

Within the limits of the funds budgeted for this purpose, the State shall pay actual transportation costs for pupils in the care and custody of the State, for pupils enrolled in Commissioner-Designated Programs, and for pupils funded under 2366.8 below.

The actual transportation costs are defined in 16 VSA S2951 to include up to $300 per pupil per school year. If a pupil can be picked up on a regularly scheduled bus route, transportation costs are not eligible.

For school districts which reimburse parents for transportation, the costs shall be the customary rate of payment for the district.

Vehicle purchases are not allowable nor are amounts for vehicle depreciation. In the case of residential education, the Department may have the option of including transportation costs in the pupil's tuition. In the event that funds are not made available for the payment of these actual costs, the following procedures will be used to distribute available funds:

### Section 2366.5.1 Priority One: Care and Custody

The State is required by law to pay all the costs of special education for handicapped pupils in the care and custody of the State. Actual transportation costs for these pupils are paid first from any existing funds for this purpose.

### Section 2366.5.2 Priority Two: Extraordinary Transportation Costs

Extraordinary costs are the amount by which the costs exceed the 85th percentile of the annual statewide distribution of eligible individual transportation costs.

Extraordinary costs shall be funded at 100% to the extent that funds are available. Whenever funds are not adequate to cover these costs at 100%, then the following formula shall be used to determine the statewide percentage of payment.

The total costs submitted for extraordinary transportation shall be divided by the remaining funds available for the transportation of handicapped pupils. The result is the percent of payment that shall be paid on an eligible per pupil basis.

### Section 2366.5.3 Priority Three: Basic Transportation Costs

Those costs below the 85th percentile of the annual statewide transportation costs are considered "basic". Basic costs shall be paid by the State to the extent that funds are available; payment shall be at a statewide percentage determined as follows:

The total basic costs divided by total funds remaining for Priority Three funding.

### Section 2366.5.4 Payment

Payment will generally be made on a semi-annual basis.

## Section 2366 State Funding for Special Education

### Section 2366.1 Payments for Special Education and Related Services

Within the state funds made available for the purpose of special education, allocations may be made for programs of special education and related services for pupils who have been found to qualify under Section 2362.

### Section 2366.2 Special Educational Units Established by the Commissioner

Administrative units to provide special education under 16 VSA S2944(a) may be established by the Commissioner of Education. These "Commissioner-Designated" Programs are operated by a school district or other agency with Department approval and funding. The school district of each pupil's town of legal residence is billed for the local school's per pupil costs (or in case of preschoolers; prorated costs) following placement. Funding shall be provided for necessary expenses in the following areas:

1. Salaries and benefits for regular and substitute personnel based on appropriate local salary schedules;
2. Consumable supplies, library and audio-visual materials, and textbooks;
3. Field trips and activities;
4. Initial or additional items of equipment and furniture for instruction; and,
5. Administrative and operational costs.

### Section 2366.3 Seventy-five Percent Payment for School District Personnel

#### Section 2366.3.1

Salaries for special education personnel may be funded at the rate of 75% of the actual salary, not including fringe benefits.

#### Section 2366.3.2

Approved special education positions shall be funded in accordance with 16 VSA S2948(b). Priority shall be given to the supervisory union with the least favorable ratio of state-supported special educators to total school-aged population of the supervisory union. No supervisory union shall receive funding for less than a basic staff of three full-time equivalent professional positions. Each supervisory union may be granted one coordinator of special education whose job description shall insure assistance to the school districts within the supervisory union in order to meet all requirements involved in providing a free appropriate public education for handicapped pupils.

### Section 2366.4 Funding for Special Education Classrooms

Districts may apply for reimbursement of 75% of construction costs in accordance with 16 VSA S3457a. (See also 6240.13)

### Section 2366.7 State Funding for Essential Early Education

#### Section 2366.7.1

Funds for Essential Early Education shall be distributed for programs in the following order of priority:

1. programs currently funded by Vermont Department of Education, individual school districts, or any combination of school districts;
2. new programs.

The Commissioner or a designee shall invite application prior to funding new programs. Applications shall be submitted by individual school districts or any combination of districts for a single program. Proposals may provide for direct services or service through contact with another state or a private agency. Applications shall be reviewed and rated by a team of three individuals appointed by the Commissioner or a designee. The Commissioner or a designee shall specify the criteria by which applications will be rated. Such criteria shall include: 1) the extent to which the program encompasses a region previously unserved; and, (2) the extent to which the proposed programs conform to the standards in section 2360 of these rules.

New programs may be funded as either Commissioner-Designated Programs (see 2366.2) or as 75-25 Programs (see 2366.3).

#### Section 2366.7.2 Local District Billing for Commissioner Designated EEE Programs

The school district of an Essential Early Education pupil's town of residence will be billed by the state according to the following formula:

> The per pupil cost of the school district is divided by 175 days to determine daily cost per pupil. This daily cost is multiplied by the number of days the pupil is enrolled in an Essential Early Education Program.
>
> If the pupil is in a 1/2-day center program (4 or 5 days a week), the billing is based upon 50% of the computed amount. If these percentages are more than the amount that

the State Department actually spent on the student, the school district will only be billed the amount actually spent.

Pro-rated per pupil costs are computed on the basis of the number of days the pupil is enrolled. Absences are not a factor in the computations.

## COMMENT REGARDING REGULATIONS

The State does not pay the transportation costs of children who are enrolled in Commissioner Designated programs. See Information Circular #70 for further information.

## GUIDELINES

There are many facets of an Essential Early Education program which require planning. Some aspects allow many individual choices by staff members, while others have limited options. The contents of this section address 3 areas which may require some creative planning by EEE staff to carry out "best practices." The chapters comprising this section include:

**Chapter 23: Physical Space** - The chapter recognizes and emphasizes the importance of the physical environment in which the young child learns.

**Chapter 24: Transportation** - This chapter provides guidelines for ensuring that children who require transportation services receive them in a safe, timely manner.

**Chapter 25: Fiscal Management** - This chapter addresses fiscal arrangements, emphasizing those services for which EEE programs have first dollar responsibilities.

# Chapter 23: PHYSICAL SPACE

## DEFINITION

Physical space refers to how the environment, equipment and materials are designed or adapted to accommodate all aspects of the program.

## RATIONALE

All young children, including those with handicaps, are active individuals who need space where they may learn and grow in safety. The learning environment should be carefully planned and managed to efficiently assist children in acquiring and using targeted skills and information.

## GUIDELINES

General standards offered for public schools specify the health and safety features of environments that house young children. However, the elements that are appropriate or useful in providing enriching contexts for children to play and learn are not included. It is important that current home and center-based programs pay attention to the arrangement of the learning environment to assist in the intervention effort.

Bricker (1986) offers three principles which can be used to help guide the selection of learning environments:

> 1. Because the appropriateness of the learning environment selected is determined within the context of the educational targets chosen for individual children and families, strategies for managing the environment also need to be individualized.
>
> 2. Because of the dynamic nature of the learning environment, changes in any element may require adjustments in other areas. The environment should assist in accommodating change and adjustment.
>
> 3. Because young children can become distressed when noise and confusion exceed their ability to filter out extraneous incoming stimulation, EEE services should be provided in locations reasonably free from confusion, disorganization, and intense, uncontrolled stimulation. (p. 316)

Frequently, learning environment planning focuses on the richness and stimulating effects of activities provided for young children with special needs in a setting. However, the **most important** analysis of the learning environment should be based on the **individual** needs of children and families within the context of **established program goals** and available resources. The following discussion addresses specific considerations regarding: 1) the use of physical space, and 2) equipment and materials in the learning environment which must be accounted for to insure that numerous opportunities for growth and development can take place.

### Use of Physical Space

Selection and arrangement of the physical environment where EEE services are delivered should consider the following aspects of the location: 1) efficiency, 2) functionality, 3) accessibility, and 4) promotion of independence. Much of the content for this section was taken from Bricker (1986).

#### Efficiency

Environmental arrangements that enhance efficiency are often more pertinent for the parent or EEE staff member than to the child. Efficiency suggests that the physical space is arranged to make completion of tasks and activities smooth, easy and quick. For example, if art materials must be carried to an instructional area, engaged learning time may be lost. Or, if a mother must leave the bathroom to get a diaper, the child may be injured in her absence. Studying the physical set-up can yield information for arranging the learning environment to permit efficiency in conducting daily activities for parents and EEE staff.

#### Accessibility

Lack of access to equipment, materials, and the physical environment may result in reduced opportunities for children to practice and learn skills. For example, if toys are placed in a toybox, instead of on a shelf, it may require considerable time to retrieve them. If cubbies are placed too high for small children, an adult may need to get materials that are stored in them.

### Functionality

This refers to the use of space and equipment in a way that is helpful for the child. For example, purchasing toys with many small pieces that require considerable hand-eye coordination may not be functional or safe for very young children.

### Promoting independence

The environment can be arranged to promote independent functioning. This means that children are allowed accessibility to those items frequently needed. For example, the bathroom can be equipped with a stabilizing bar, a step stool, and a nonslip surface to encourage independent toileting. Play materials can be kept on open selves that are easily accessible to encourage self-selection and independent material management. A consistent daily routine allows a child to anticipate the next activity and prepare for it independently.

## Equipment and Materials

When equipment is purchased, consideration should be given to safety, durability, flexibility, functionality, and the equipment's usefulness in arousing active participation from children. Selection of equipment should be determined by the nature of the population being served. As a rule, the greater the number of activities that a piece of equipment is used for, the more satisfactory it is. Functionality refers to the equipment's capacity to assist the child in acquiring skills useful in other environments, for example, use of a real telephone. In addition, equipment that promotes the child's active engagement with his/her surroundings is preferable to items that promote more passive involvement (e.g., watching).

Equipment can be either general or specialized. General refers to items such as tables, chairs, small manipulables, climbing apparatus, etc., that are found in most programs for young children. Specialized equipment refers to specific items essential for encouraging more effective functioning of individual children or to make it possible for a child to execute a skill he or she could not otherwise perform. Technical assistance may be needed to purchase appropriate adaptive apparatus (e.g., modified seats, bean bag chairs, prone standing and kneeling boards) which may be needed for some young children with handicaps. A list of adaptive equipment representative of the kinds of specialized materials necessary to work with young children with multiple handicaps has been borrowed from the Implementation Guide for Early Intervention Programs For Children from Birth to Three in New Jersey and can be found in Appendix R.

Materials used in the EEE program also should be selected to meet the unique needs of the young child with handicaps. They should reflect the curricular philosophy and provide a vehicle for meeting educational goals of the program. Whenever possible, items chosen should facilitate generalization of skills from the classroom to other environments.

The following questions should be answered regarding the materials that are to be purchased for the program:

1. What skills, abilities, knowledge or understanding must a child have in order to use the material successfully?

2. Is the interest level and level of difficulty appropriate for the children who will use the material?

3. Are there environmental limitations to using the material (e.g., limited desk or table space)?

4. What are the stimulus characteristics of the material (Auditory; visual; tactile)?

5. Are the behaviors required to manipulate or use the materials appropriate to the child's abilities?

6. Does the material motivate? Does it require participation? Does the child receive reinforcement for responses?

7. Is there a guide or set of directions provided? How much teacher preparation is necessary to use the material?

8. What is the cost? How durable is the material?

9. Can the material be adapted to meet the needs of many children?

Numerous toys are purchased by early educators for use with young children. Langley (1985) suggests that to determine if a toy is appropriate for a specific child or group of children, consumers must review its qualities with specific purposes in mind. Consumers need to consider the toy's safety and durability. The U.S. Consumer Product Safety Commission created guidelines for the selection of safe toys (which should also apply to materials chosen for the preschool program) that can be found in Appendix S. In addition, consumers should decide whether the size, texture, and sensory components of the toy are appropriate for the child/children who will use it. Further, it is necessary to discern if the toy can be adapted to accommodate the child's cognitive, sensory, motor, communicative, or social needs. Finally, some consideration should be given to the type and amount of supervision required for the child to play with the toy.

Of prime importance is a determination of the toy's effectiveness toward enhancing developmental progress. A major issue to consider is whether a person or natural agent from the environment can be more effective in eliciting the child's behaviors expected to be evoked by the toy. Langley (1985) developed questions early educators should consider that can facilitate the selection, adaptation and application of toys which can be found in Appendix T.

Once the general guidelines for using the physical space and equipment and materials have been considered, the EEE program should determine a system to organize and use physical space to facilitate the child's growth and development and to assist family members in acquiring targeted skills.

One strategy includes the following four steps: 1) develop goals, 2) devise a plan to meet the goals, 3) implement the plan, and 4) evaluate the plan's effectiveness.

## Develop Goals

The effective use of space and equipment also requires the development of goals and objectives. These goals should lead naturally from and be consistent with program goals and the IEP goals developed for participating children and families. For example, if a program goal is to enhance communicative development in participating children, then the physical environment should be arranged and equipment purchased to engage children in communicative behaviors. In a center-based classroom, the learning environment should be arranged in accordance with program and individual child goals. Likewise, EEE staff who conduct programs in the home, should assist families in arranging the environment to assist in meeting the IEP goals established for the individual child.

## Devise a Plan

Given a set of goals and objectives, parents and EEE staff can devise a plan that will organize the physical space and equipment (depending upon whether services will be provided in a home or a center-based classroom) to promote accomplishment of established goals. The EEE professional who conducts programs in the child's home, after a thorough analysis of the learning environment to determine where to conduct instructional activities, should carefully plan the time spent during the visit to insure that goals and objectives are attended to from visit to visit. Thus, EEE staff should carefully plan the activities to be conducted, assemble materials and equipment, and decide procedures for implementation and evaluation. In addition, strategies for family involvement should be included. The EEE staff should also have alternative plans to allow for situations in which the original activity is unacceptable to the parents or child, or some unforeseen circumstance interferes with the original plan (e.g., the child's mother is ill).

Likewise, if instruction occurs in a center-based classroom, preplanning and systematic presentation of instruction are necessary to maximize the impact of the physical environment. For specific information about arranging center-based classroom learning environments, please see the Appendix U.

## Implement the Plan

Once goals are developed and plans devised for reaching established goals, learning environments and equipment can be arranged to account for efficiency, accessibility, functionality and independence and be consistent with program and individual child goals.

## Evaluate the Plan

The determination of the effectiveness of the learning environment arrangements should be accomplished through objective evaluation procedures. This requires that the EEE staff person responsible for service delivery develop some simple method for determining if the arrangement is producing the desired impact. For example, a parent may be requested to observe a toileting behavior to determine whether the physical arrangement of the bathroom promotes independent functioning.

Staff delivering services within the family's home may have more restrictions in arranging space and equipment; however, families may be more agreeable to some changes, if such changes enhance the child's program and facilitate caring for the child.

## SUMMARY

The arrangement of physical space and types of available equipment and materials are important parts of an instructional program. These elements can be planned and implemented consistent with program and individualized child/family goals. A plan that promotes the effective arrangement of space, equipment, and materials will maximize teaching and learning opportunities.

## Chapter 24: TRANSPORTATION

### DEFINITION

Transportation is the act of physically connecting a child (or family) with a service, either by transporting a child to a service provider, or by transporting the service provider to the child.

### RATIONALE

In order to be able to receive recommended services, transportation of the child and/or services is necessary.

### GUIDELINES

Probably no single operational problem has caused as much frustration for service providers as transporting children and families to and from programs. In Vermont, transportation is not mandated for **any** youngster. It is up to the discretion of the school board to develop a transportation policy. If the school board creates a policy that states that they will provide transportation, it must be applied consistently (to both handicapped and nonhandicapped children). The only children who **must** receive transportation services are those children whose IEP's call for transportation as a related service (please see discussion below).

If there are no local funds for transportation and Commissioner Designated program funds cannot be used, it will be necessary to find other means for transporting children to programs (i.e., center-based or day care). For example, it may be appropriate to ask parents to provide their own transportation for their young child if it is made clear (in writing) to parents that it is not a legal obligation. Parents, with or without the help of the EEE staff, may devise their own plans for providing transportation, i.e., by using carpools. However the children are transported to the EEE program, adequate time should be spent on designing a system that will work for each child. Some general considerations which should be addressed include: 1) transportation as a related service, 2) appropriate transportation services, 3) the adult staff who are providing their own transportation to provide services to the child, or 4) adult staff transporting the child to the location where services will be provided (i.e., EEE center or day placement).

### Transportation as a Related Service

Under what circumstances should transportation be considered a related service? There are no clear cut rules for answering this question. Some individuals feel that transportation as a related service should be provided for all young children with handicaps. Other individuals feel that because transportation services are not offered to other preschool aged children, there is no explicit requirement to provide this service to young children with handicaps (except as a related service). The federal regulations define transportation (and other services) as a related service if it is necessary in order for the handicapped child to benefit from special education. The State of Washington's Implementation Guide for Early Childhood Special Education Programs (1985) defines transportation as including:

1. Travel to and from school and between schools;
2. Travel in and around school buildings; and
3. Specialized equipment (such as special or adapted uses, lifts, and ramps), if required to provide special transportation for a handicapped student.

As a related service, decisions regarding the provision of transportation should be made on an individual basis by the child's IEP team. The team needs to decide that the child is entitled to transportation services on the basis of his/her handicapping condition, i.e., Does the child need this specialized service due to his/her handicap? For example, the IEP planning team may determine that a child needs transportation as a related service because: 1) he/she needs to receive special education services in a preschool setting, and 2) the child's handicap and the parent's inability to provide transportation to the preschool prevents the child from benefitting from the needed special education services. However, the EEE staff need to keep in mind that if it is a Commissioner Designated program, those funds cannot be used to pay for transportation costs (see Information Circular #70). Local monies or alternative funds will need to be obtained.

### Appropriate Transportation Services

If transportation is a related service as determined by the IEP planning team, the most appropriate transportation services for a young child with special needs should be determined by answering the following questions:

1. Is a car seat or adapted device needed?
2. Does the child need specific assistance (e.g., wheelchair lift, transportation aide, or physical help) for getting on or off the vehicle? Who will provide the assistance?
3. Is there a need for an aide to be assigned to the transporting vehicle?
4. Is transit time for the child reasonable and suited to his/her endurance?

Services to young children with handicaps, if not provided at home, need to be offered in facilities located so that a minimum (i.e., 60 minutes, round trip) total travel time to and from the facility is required. If the young child will be receiving services in a location other than an EEE center-based program (e.g., Head Start, child care), the IEP team should determine how transportation will be provided to that location. Young children with handicaps will very likely need curb-to-curb transportation due to their disabilities and very young ages. In addition, bus aide assignments may be necessary for some young children.

### Transporting the EEE Professional

When the EEE service provider is being transported to the child's location (i.e., home or other day placement), either by driving him/herself or using some alternative means of transportation, adequate travel time should be scheduled both to and from the program office, and between individual service locations. In addition, funds should be allotted to reimburse the driver for mileage.

## Adults Providing Transportation for Children to a Service Location

EEE staff also need to establish policies and procedures for ensuring the safe and appropriate transportation of young children with special needs to the location where services will be provided by:

1) identifying prerequisites for adults who provide transportation;
2) providing information to adult drivers;
3) consulting with families about transportation needs; and,
4) establishing a system for handling problems.

### Identifying prerequisites for adults providing transportation

Although the EEE program should have adequate liability coverage (which may serve as a supplemental policy), it is suggested that all individuals providing transportation to locations for services or other activities (e.g., field trips) related to the program show evidence that they have:

1. adequate liability coverage;
2. a valid driver's license and have no recent convictions;
3. a vehicle that meets state car inspection requirements and has adequate seat belts.

If EEE staff are involved with organizing a car pool or are aware of existing groups of parents who share in the transportation effort, they should notify parents that if they transport more than 2 children who are not residents of their home, their vehicle must be classified a Class 2 School Bus. As such, there are several rules and regulations that need to be followed (e.g., flashing lights, a special license). Concerned parents should contact the Department of Motor Vehicles to find out about the regulations.

### Providing information to adults who transport young children with special needs

It must be recognized that most drivers (including parents) and aides are not trained in special education or behavior management. EEE staff need to become familiar with the skills and needs of drivers and aides riding with children in vehicles and provide information and assistance to them when needed. Providing written materials, demonstrations or workshops are ways to relay the information. A helpful resource is entitled Transporting Handicapped Students: A Resource Manual and Recommended Guidelines for School Transportation and Special Education Personnel by Dr. Linda Fran Bluth (1985). The document is available from the National Association of State Directors of Special Education (NASDSE), 2021 K Street, N.W., Suite 315, Washington 20006 at a cost of $6.00.

## Consulting with families

Individual families also may need consultation from EEE staff regarding transporting their young child with handicaps. They may not be informed about safety devices, methods of handling inappropriate car behavior, or positioning techniques. They also may be unaware of car pools and other cooperative means of providing transportation that are available. Since the child's case manager is most familiar with the unique needs of the individual family, he/she is most likely to consult with them in this regard.

## Establishing a system for handling problems

If the child will be receiving services in an EEE center-based program or typical early childhood setting, and transportation is being provided by program staff, parents, or bus drivers, a designated staff member should be responsible for handling problems which occur in the following areas:

1. Safety: e.g., seat restraints, wheelchair fasteners, two-way communication systems.

2. Personnel: e.g., responsibility for loading and unloading, smoking or using foul language in front of children.

3. Procedural: e.g., travel time, delay time, refusal to transport, dealing with medical emergencies, positioning of physically handicapped children, tantrums and behavior problems. For any changes to occur in the usual transportation service (e.g., pick-up or drop-off site for a child), it is suggested the child's parent or guardian provide written approval before the change is made.

# Chapter 25: FISCAL MANAGEMENT

## DEFINITION

Fiscal management is the obtainment and management of funds for program operation.

## RATIONALE

The acquisition and management of program funds is necessary for insuring the ongoing accessibility and adequacy of quality EEE services for all young children with handicaps.

## GUIDELINES

It is important for Essential Early Educators to understand how the program is currently funded, as well as to be aware of additional funding sources. In order to determine fiscal needs, a budget must be developed for the program. The following guidelines provide information regarding: current sources of funding for EEE, other funding sources for the EEE program, and budget development.

### Current Funding Sources for EEE Programs

In Vermont, EEE programs are currently funded in one of two ways: as a "Commissioner Designated" Program (89-313 funds) or as a "75-25" or "Mainstream" Program (94-124 funds). **Commissioner Designated** programs are operated by a school district or other agency with State Department approval and funding. All children who are enrolled in a Commissioner Designated EEE Program generate 89-313 funds. 89-313 funds are designed to supplement, but may not supplant, state and local monies. That is, if a specific aspect of a program has been funded by state or local monies, 89-313 funds may not be used to pay for this part of the program thereafter. **75-25 or Mainstream** Programs are funded through 94-142 funds, with state and federal funds paying for 75% of the salaries of EEE teachers, and the local educational agency paying for the remaining 25%. The reader is strongly urged to read Section 2366 of the State Regulations for further information concerning EEE funding and procedures for obtaining these monies.

Since 89-313 funds are supplementary, they can be used in a variety of ways. Some examples of allowable expenditures might be:

1. tuition for regular child care or preschool settings;
2. salaries and benefits for instruction aides;
3. additional work days beyond the regular contract for program personnel;
4. summer services;
5. consultation services beyond those included in the state budget;
6. class trips or special presentations;
7. services to parents if directly related to child-centered educational objectives.

### Other Funding Sources for EEE Programs

There are two other possible sources of funding to expand EEE programs: 1) the local school district(s) in which the EEE program provides services, and 2) Chapter 1 or Compensatory Education monies which are distributed from the Department of Education to the local education agency. The EEE Coordinator needs to work with the Special Education Administrator to develop and present proposals for obtaining local school district and Chapter 1 funds to the Superintendent (and School Board). Developing a combination EEE-Early Compensatory Education program is encouraged, and the EEE Coordinator should review the guidelines presently being developed by the State Department for coordinating joint EEE and Early Compensatory Education programs.

### Developing a Budget

In the spring of each year, guidelines are provided by the State Department for developing a budget for the following school year. For Essential Early Education Programs that are funded for the first time, a specific dollar amount for the total budget is provided. For continuing programs, the guidelines typically take the form of an allowable percentage increase in the total or in specific aspects of the budget.

Budget development usually begins with salaries and fringe benefits for instructional and, where applicable, clerical staff. Salaries and fringe benefits account for the largest fixed expense in the budget. However, although salaries may represent a large percentage of an EEE program's budget, the EEE program also should give strong consideration to all possible aspects of providing a variety of service delivery options. Additional aspects of the budget will vary depending upon the types of services provided and the location in which they occur. For example, home-based programs will require larger amounts budgeted for mileage reimbursement. Outreach/consultative programs may require funds for child care or preschool tuition. As programs work with a variety of children and families, funds may be needed to obtain consultation from other professionals (e.g., Mental Health). The specific use of state funds will also vary as a function of local monetary and non-monetary contributions.

Allowable expenses include:

1. salaries and benefits for instructional staff;
2. mileage reimbursement;
3. substitute teachers;
4. tuition reimbursement (for a regular child care or preschool);
5. instructional supplies;
6. purchase and repair of instructional equipment;
7. purchased professional and technical services;
8. administrative costs which may include:
    a) salaries and fringe benefits for secretarial staff
    b) postage
    c) telephone
    d) office supplies and materials
    e) advertising expenses for recruiting new staff
9. annual audit of budget;
10. rent.

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# APPENDICES

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# APPENDIX A

## Sample Transition Philosophy and Policy Statements

# SAMPLE TRANSITION PHILOSOPHY AND POLICY STATEMENTS

The following **proposed** philosophy and policy statements were generated by 32 teachers and principals from 5 elementary schools in the Addison Northeast Supervisory Union (June, 1986).

## Philosophy Statement

It is the philosophy of this Supervisory Union that all children have the right to equal access to a quality education. Students with handicaps in this Supervisory Union shall be integrated into the least restrictive educational environment.

## Policy Statements

- Each school will transition students with handicaps from one educational environment to the next with maximum opportunities for emotional, social, physical and academic growth.
- Each school will have and follow a written set of transition procedures.
- Each school will form teams which may consist of sending and receiving teachers, special educators, administrators and other appropriate people. The teams will be responsible for the implementation, monitoring, and evaluation of the transition process based upon the IEP and current policies and procedures in compliance with PL 94-142.
- Each school will provide parents/guardians with opportunities to be actively involved in the transition process.

# APPENDIX B

## Survey of Community Resources

## SURVEY OF COMMUNITY RESOURCES

Name of Resource: ________________________________________

Mailing Address: ________________________________________

________________________________________

________________________________________

Telephone Number: ________________________________________

Director or Supervisor: __________________________________

Local Contact Person: ____________________________________

Description of Services Provided: ________________________

__________________________________________________________

__________________________________________________________

Eligibility Criteria: ____________________________________

__________________________________________________________

Costs to Families: _______________________________________

__________________________________________________________

Funding Sources: _________________________________________

Interagency Collaboration Agreements (Areas in which the agency and EEE will work together):

__________________________________________________________

__________________________________________________________

__________________________________________________________

# APPENDIX C

## Matrix of Community Resources

## SUMMARY MATRIX OF COMMUNITY RESOURCES

| Services | Community Agency | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| 1. Screening | | | | | | | | |
| 2. Referral | | | | | | | | |
| 3. Diagnosis | | | | | | | | |
| 4. Evaluation | | | | | | | | |
| 5. Education (classroom or home based) | | | | | | | | |
| 6. Follow-Up | | | | | | | | |
| 7. Counseling | | | | | | | | |
| 8. Legal (protective/ advocate) | | | | | | | | |
| 9. Staff Training | | | | | | | | |
| 10. Transportation | | | | | | | | |
| 11. Treatment (specify: PT/ OT/speech) | | | | | | | | |
| 12. Equipment | | | | | | | | |
| 13. Instructional Materials | | | | | | | | |
| 14. Day Care | | | | | | | | |
| 15. Foster Care | | | | | | | | |
| 16. Parent Training | | | | | | | | |
| 17. Case Management | | | | | | | | |
| 18. IEP as in PL 94-142 | | | | | | | | |
| 19. Comprehensive Individualized Planning | | | | | | | | |
| 20. Financial Assistance | | | | | | | | |
| 21. Health Services | | | | | | | | |
| 22. Public Education | | | | | | | | |
| 23. Home Management | | | | | | | | |
| 24. Home Nursing | | | | | | | | |
| 25. Preventive Services | | | | | | | | |
| 26. Other | | | | | | | | |

Adapted from Elder, J. O. & Magab, P. R. (Eds.) 1980, pp. 130-131.

# APPENDIX D

## Do you know a child who needs special help?

*Do you sometimes wonder if he can hear you . . . or if he sees well enough?*

*Does your child struggle with walking or talking?*

*Does it seem like your child has no playmates or real friends? Is it because he can't control his behavior?*

*Are you worried about her because she takes so long to learn new things . . . or because she doesn't seem to learn them at all?*

*Do you feel like it's not going to get better because you don't know how to help?*

There are other parents like you. There are many children like yours. Essential Early Education (EEE) provides special help for these children (birth to school age) and their families. Essential Early Education is special education for handicapped children before they enter school.

## WOULD YOU LIKE MORE INFORMATION?

### *CALL:*

The Special Education Administrator in the school district in which you live.

### *OR CALL:*

Kristin Hawkes
Essential Early Education Consultant
Vermont State Department of Education
120 State Street
Montpelier, Vermont 05602
Tel: (802) 828-3141

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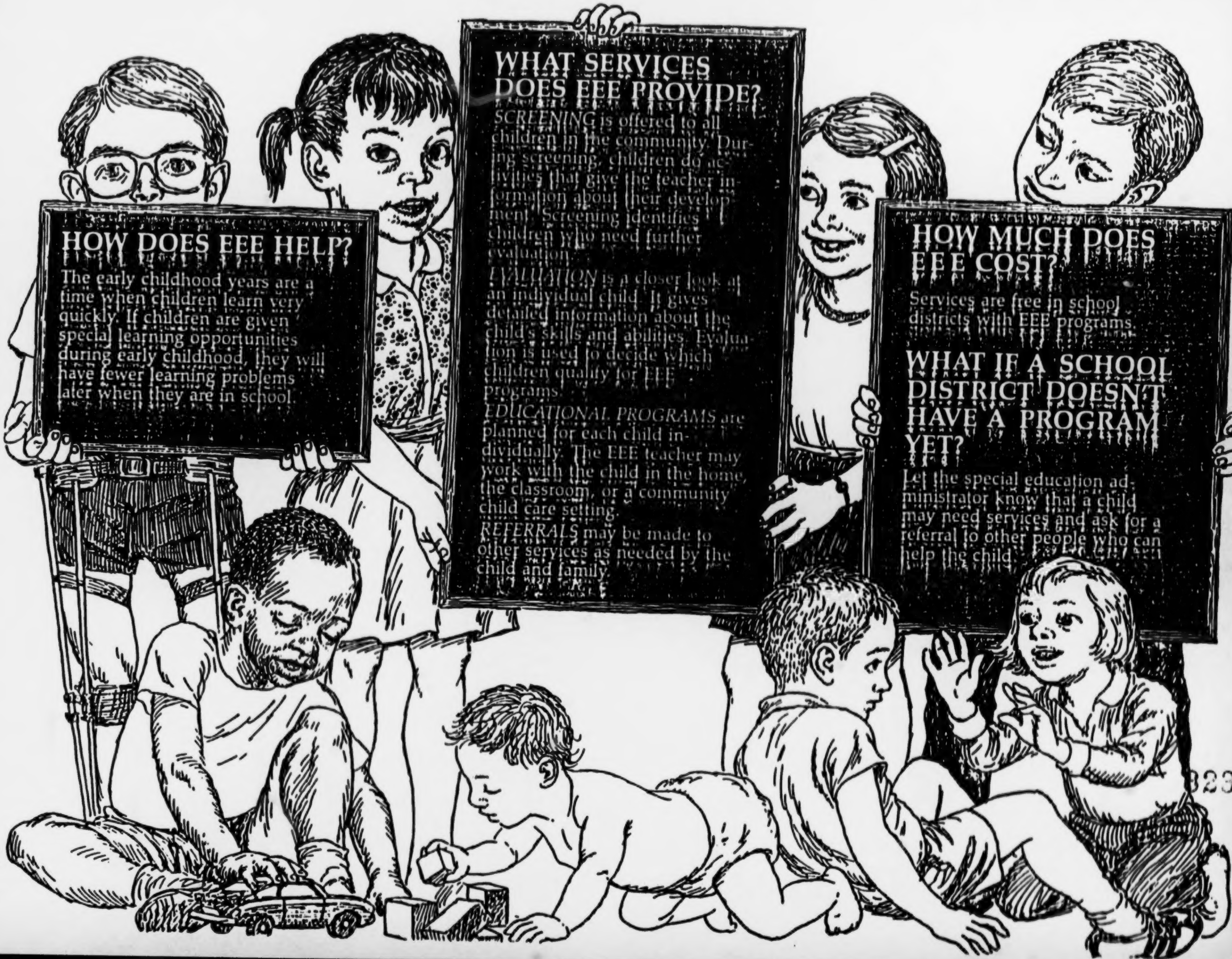
Compiled and developed by:
Kristin Hawkes, VT Dept. of Education
Cheryl Mitchell, Addison County Parent Child Center, Middlebury, Vermont
with the help of the Essential Early Education Task Force.

A Maureen O'Connor Burgess Design

# *Do you know a child who needs special help?*



## HOW DOES EEE HELP?

The early childhood years are a time when children learn very quickly. If children are given special learning opportunities during early childhood, they will have fewer learning problems later when they are in school.

## WHAT SERVICES DOES EEE PROVIDE?

*SCREENING* is offered to all children in the community. During screening, children do activities that give the teacher information about their development. Screening identifies children who need further evaluation.

*EVALUATION* is a closer look at an individual child. It gives detailed information about the child's skills and abilities. Evaluation is used to decide which children qualify for EEE programs.

*EDUCATIONAL PROGRAMS* are planned for each child individually. The EEE teacher may work with the child in the home, the classroom, or a community child care setting.

*REFERRALS* may be made to other services as needed by the child and family.

## HOW MUCH DOES EEE COST?

Services are free in school districts with EEE programs.

## WHAT IF A SCHOOL DISTRICT DOESN'T HAVE A PROGRAM YET?

Let the special education administrator know that a child may need services and ask for a referral to other people who can help the child.

# APPENDIX E

## Referral Form

## REFERRAL TO ESSENTIAL EARLY EDUCATION PROGRAM

HARTFORD SCHOOL DISTRICT
Wilder Elementary School
Wilder, Vermont 05088

Referral Date: __________

Child's Name: ______________________________________

Date of Birth: ___________________

Parent's Name: _____________________________________________

Address: ___________________________________________________

Phone Number: (Home) _____________ Work: ________________

Where parent(s) can be reached during the day:

Referred By: _______________________________________________

Reason for Referral:

Do parent(s) know of Referral? Yes _____ No _____

Physician(s): ______________________________________________

Pertinent Medical History:

Preschool Program and Preschool Experience:

Directions to House:

Toys and Activities Child Enjoys:

OTHER:

Submitted by: Cheryl Foote
Hartford EEE Program

INTAKE/REFERRAL INFORMATION

Date ____________________

Person taking information ________________

Child's Name ______________________________ DOB ______________ Age ________

Parent(s) ______________________________ Address ______________________

Telephone ____________________ ______________________

Individual Referring ______________________________ Phone # ______________

Reasons for Referral ____________________________________________

____________________________________________________________

Family's Doctor or Pediatrician ______________________________________

Child's Health History (check if yes)

_____ Allergy
_____ Recurrent colds, congestion
_____ Respiratory (breathing) problems
_____ Vision Problems
_____ Hearing Loss
_____ Ear Infections
_____ Seizures
_____ Development Delay (in any area)
_____ Learning Problems
_____ Gross Motor or Fine Motor Problem
_____ Speech Problems
_____ Language Problems

Check appropriate box

| Yes | No | | |
|---|---|---|---|
| ____ | ____ | 1. | Was your child's birth normal? If no briefly describe |
| ____ | ____ | 2. | Is your child seen regularly for well child visits? How often _______ |
| ____ | ____ | 3. | Do you feel your child's development is progressing well for his/her age? or in comparison to other children of his/her age |
| ____ | ____ | 4. | Do you have any concerns about your child's vision? |
| ____ | ____ | | Has vision been checked by a doctor? |
| ____ | ____ | 5. | Do you have any concerns about your child's hearing? |
| ____ | ____ | | Has hearing been checked by a doctor? |
| ____ | ____ | 6. | Does your child sometimes have difficulty understanding what you are saying to him/her? |
| ____ | ____ | 7. | Do you feel your child talks as well as other children his/her age? |
| | | 8. | How does your child communicate his wants or needs to you<br>_____ gestures _____ sounds _____ words _____ sentences |
| ____ | ____ | 9. | Can you and other family members understand what he/she says? |
| | | 10. | Has your child ever had any<br>____ accidents _____ fractures _____ concussions |
| ____ | ____ | 11. | Does your child's behavior cause you concern? Describe briefly if yes |
| | | 12. | Toilet Training (if age appropriate)<br>____ in process of _____ trained<br>____ day _____ night |

Other Professionals Involved with Child/Family (i.e. doctors, health specialists, public health, visiting nurse, counseling agency, SRS)

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Any Existing Assessment Information (i.e. Center for Disorders of Communication, Child Development Clinic)

________________________________________

________________________________________

________________________________________

____________ What is approximate receptive language level?

____________ Is there a communication system?

____________ Is he/she walking (at what age)

____________ Does he/she have an identified medical/physical condition or syndrome? Is one suspected?

Is there a possibility this is a multi-handicappped/multi-needs child?

Refer to Ira Allen Regional Program ____________

Evaluation at Local Program __________

Submitted by: Bonnie Clapp
Ira Allen EEE Program

EEEC 4/85

ESSENTIAL EARLY EDUCATION PROGRAM
RR 1 BOX 307
GRAND ISLE, VT 05458
372-6942

## REFERRAL REPORT

Child's Name: ________________________ D.O.B. __________ Age ________

Parent(s): ____________________________ Address ________________________

Telephone: ____________________________ ________________________

Person referring child: ____________________________________________

Reason for Referral, Areas of concern: ______________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Other professionals/agencies involved with family/child:

______________________________________________________________________

______________________________________________________________________

Directions to home: __________________________________________________

______________________________________________________________________

______________________________________________________________________

Comments:

Next step: ___________________________________________________________

Person recording referral: ______________________________ Date __________

**Submitted by:** Cathi Wiest-Brown,
Grand Isle EEE Program

Swanton
Highgate
Sheldon
Franklin
Bakersfield
Berkshire
Enosburg Falls
Montgomery
Richford

**FRANKLIN NORTHWEST/NORTHEAST SUPERVISORY UNIONS**

## ESSENTIAL EARLY EDUCATION PRESCHOOL PROGRAM

Sheldon Elementary School
Sheldon, Vermont
933-8883

## REFERRAL LOG

Date: ____________________

EEE Staff: _______________

Child's Name: ________________________________ DOB: ________________

Parent(s): ________________________________ Telephone: ____________________

Address: ________________________________

Referral Source: ____________________ Contact Person: ________________

Telehone: ____________________

Reason for Referral:

______________________________________________________________

______________________________________________________________

Assessment Information:

______________________________________________________________

______________________________________________________________

Professionals/Agencies who have been involved with the Child/Family:

______________________________________________________________

______________________________________________________________

Notes/Comments: ______________________________________________

______________________________________________________________

Next Steps/Projected Time Line:

| Final Date | Activity | Final Date | Activity |
|---|---|---|---|
| ______ | Parental Permission for Testing | ______ | Parent Interview |
| ______ | Classroom/Home Observation | ______ | Additional Interview |
| | Staff Assigned __________ | ______ | Basic Staffing Team Meets to Discuss Eligibility |
| ______ | Initial Evaluation Date | ______ | Parental Notification of Results and Subsequent Procedures |

Submitted by: Mark Sustic
Franklin NW/NE EEE Program

# APPENDIX F

## Release of Personally Identifiable Information Form

## ORANGE SOUTHWEST SUPERVISORY UNION #28

## CONSENT FOR THE RELEASE OF PERSONALLY IDENTIFIABLE DATA

I. Specification of the records to be disclosed:

________________________________________

________________________________________

________________________________________

II. The purpose(s) of disclosure is/are:

________________________________________

________________________________________

________________________________________

III. Describe the party or class of parties to whom the disclosure may be made:

________________________________________

________________________________________

________________________________________

| | |
|---|---|
| ____________ Date | ____________________ Parent or Guardian |
| ____________ Date | ____________________ Eligible Student |

NOTE: 1. If the dominant language of the home is other than English, this form must be completed in that language as well as English.

2. Parents may have copies upon request.

3. Eligible students may have copies upon request.

If you have any questions regarding this request, please call ________________ at ________________.
(Telephone Number)

(This form is to be used for the release of school records to educational institutions, employers, outside academic, psychological and medical evaluations, courts or probation department, and other third parties.)

White - School
Canary - SPED Coord.
Pink - Parents

Submitted by: Steve Kinney
Orange Southwest EEE Program

**ESSENTIAL EARLY EDUCATION**
OFFICE: BEEMAN ELEMENTARY SCHOOL
NEW HAVEN, VT 05472

PHONE: 802-453-3673

Permission is hereby granted to Essential Early Education Program to:

1. Secure from: ____________________

____________________

____________________

2. Release to: ____________________

____________________

____________________

any and all educational records, including psychological records (if any exist) that may be pertinent to

______________________________
Name of Student/Students

____________________
Signature of Parent/Guardian

____________________
Date

Submitted by: Sally Kallem
Addison Northeast EEE Program

## APPENDIX G

## Screening Summary Form

## ESSENTIAL EARLY EDUCATION
## PRESCHOOL PROGRAM

SCREENING SUMMATIVE DATA

| CHILD'S NAME | PARENT'S NAME | DOB | PHONE | REFERRED BY | DISTRICT | RESULTS OF TESTS | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | DENVER | 4½+Year Olds McCARTHY | HEARING | VISION | SPEECH | FOLLOW UP |
| | | | | | | | | | | | |
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Submitted by: Mark Sustic
Franklin NW/NE EEE Program

GRAND ISLE SUPERVISORY UNION
ESSENTIAL EARLY EDUCATION
SCREENING SUMMARY

TOWN:____________________

| BIRTH YEAR | AGE BY 12/8_ | ESTIMATED TOTAL POPULATION | NUMBER SCREENED DATE____ | NUMBER SCREENED CUMULATIVE | PERCENT SCREENED CUMULATIVE | PASS | RECHECK NEXT SCREEN | EVALUATE |
|---|---|---|---|---|---|---|---|---|
| 198_ | 5 | | | | | | | |
| 198_ | 4 | | | | | | | |
| 198_ | 3 | | | | | | | |
| 198_ | 2 | | | | | | | |
| TOTAL | | | | | | | | |

Submitted by: Cathi Wiest-Brown,
Grand Isle EEE Program

# APPENDIX H

## Checklist for EEE Screening

## SCREENING TIME LINES

### December

1. Review all publicity material from previous year for copy changes.
2. Update lists of individuals and agencies to receive written information and publicity.
3. Prepare budget and submit to Superintendent.
4. Secure any give-aways (McDonald's) or flyers going into other mailings.

### January

1. All copies to be printed to BHS print shop by January 3rd.

### February

1. See each principal individually to review procedures for day of screening (complete Screening Checklist).
2. Secure workers for screening stations at each school.

### March

1. All printed publicity material mailed out from EEE.
2. Train new screeners.
3. Order screening tool; check contents.
4. Purchase film and other expendables for screening.
5. Prepare traveling attache case for daily screening.
6. Information to school secretaries.
7. Information to all principals.
8. Remind Burlington School Department (Superintendent's secretary) to contact newspapers and TV people.
9. Try to arrange publicity coverage, i.e., newspaper article, TV interview.

### April

1. Screening at each school; staffing of each child after screening in each school.
2. Follow up letters to parents (one week after screening date).

### May

1. Individual appointments with parents and EEE Director to discuss screening and recommend full evaluations.
2. Schedule full evaluation for June or fall, whichever is most appropriate.
3. Dates of next year's screenings to Superintendent for calendar.

### June

1. Full spring evaluations completed; CET meetings to determine eligibility and recommend placement.
2. Send screening results to principals.
3. Add general screening results to longitudinal data collection information.

Submitted by: Bonnie Clapp
Ira Allen EEE Program

# PRE-SCHOOL SCREENING CHECKLIST

1. Develop a list of parents of 3 & 4 year olds from voter list census information.
2. Draft a letter announcing the screening.
3. Distribute press releases, three weeks prior to the screening.
4. Make and post posters. 7-10 days ahead.
5. Send letters to parents of list developed in number 1, 2 weeks prior to screening.
6. Devise a scheduling form and give to scheduler 2 weeks prior to screening.
7. Schedule parents who call for an appointment.
8. All elementary students will carry home announcements, 2 weeks ahead.
9. Contact Headstart, WIC, day cares, pediatricians, dental clinics, public health nurses. 2-3 weeks ahead.
10. Notify parents of EEE students of the screening date.
11. Contact PTO re: free transportation.
12. Finalize materials to be used, sign out extra DIAL R from Trinity. (4 weeks ahead)
13. Purchase name tags and put kids names on.
14. Fill out top of score sheets.
15. Arrange for student volunteers, and train them. (one week ahead)
16. Put signs up at school to help parents locate areas i.e., Pre-School Screening, Vision, Hearing.
17. Make Playdough for play area.
18. Confirm Vision and Hearing stations with school nurse.
19. Meet to finalize plans. (a few days ahead)
20. Set up physical space, day before.

OPTIONAL

1. Contact community organizations to donate money for polaroid film for screening one month ahead.
2. Arrange for the use of a polaroid camera
3. Purchase film.

Submitted by: Mark Sustic
Franklin NW/NE EEE Program

# APPENDIX I

## Evaluation Plan Form

Swanton
Highgate
Sheldon
Franklin
Bakersfield
Berkshire
Enosburg Falls
Montgomery
Richford

# FRANKLIN NORTHWEST/NORTHEAST SUPERVISORY UNIONS

## ESSENTIAL EARLY EDUCATION
## PRESCHOOL PROGRAM

Sheldon Elementary School
Sheldon, Vermont
933-8883

## EVALUATION PLANS

**Identifying Information**

Child's Name___________________________________

Date of Birth__________________________________

Program: Franklin NW/NE Preschool

Grade: Preschool

Years in School: 0

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Physical Characteristics<br>Vision: | ___Is the child's vision within normal limits?<br>___Not an area of concern at this time. | ___Vision Screening<br>___Observation<br>___Interview with<br>___Parent<br>___Physician<br>___Other<br>___Other Procedures |
| Hearing: | ___Is the child's hearing within normal limits?<br>___Not an area of concern at this time. | ___Hearing Screening<br>___Observation<br>___Interview with<br>___Parent<br>___Physician<br>___Other<br>___Other Procedures |
| Health/Medical | ___Are there any health medical concerns? What effect does this have on the child's level of development in the skill areas?<br>___Not an area of concern at this time. | ___Observation<br>___Interview with<br>___Parent<br>___Physician<br>___Other<br>___Other Procedures |

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Motor: | ___ What is the child's level of deveopment?<br>___ Not an area of concern at this time. | ___ McCarthy Scales of Children's Abilities (MSCA)<br>___ Battelle Developmental Inventory (BDI)<br>___ Bayley Scales of Infant Development (BSID)<br>___ Woodcock Johnson Scales of Independent Behavior (SIB)<br>___ Other |
| Self Care: | ___ What is the child's level of development?<br>___ Not an area of concern at this time. | ___ Battelle Developmental Inventory (BDI)<br>___ Woodcock Johnson Scales of Independent Behavior (SIB)<br>___ Other |
| Cognitive/ Intellectual Characteristics: | ___ What is the child's level of development?<br>___ Not an area of concern at this time. | ___ McCarthy Scales of Children's Abilities (MSCA)<br>___ Battelle Developmental Inventory (BDI)<br>___ Bayley Scales of Infant Development (BSID)<br>___ Woodcock Johnson Scales of Independent Behavior (SIB)<br>___ Other |
| Articulation: | ___ What is the child's level of development in this area?<br>___ Not an area of concern at this time. | ___ Goldman-Fristoe Test of Articulation (GFTA)<br>___ Oral Peripheral Mechanism Examination<br>___ Spontaneous Speech Sample<br>___ Other |
| Language: | ___ What is the child's level of development in this area?<br>___ Not an area of concern at this time. | ___ Test of Basic Concepts (BOEHM)<br>___ Peabody Picture Vocabulary Test-Revised (PPVT-R)<br>___ Sequenced Inventory of Communication Development (SICD)<br>___ McCarthy Scales of Children's Abilities (MSCA)<br>___ Spontaneous Language Sample<br>___ Woodcock Johnson Scales of Independent Behavior (SIB)<br>___ Preschool Language Scale (PLS)<br>___ Other |

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Social/Adaptive: | ___ What is the child's level of development in this skill area?<br>___ Not an area of concern at this time. | ___ Battelle Developmental Inventory-Adaptive Domain (BDI)<br>___ California Preschool Social Competency Scale (CPSCS)<br>___ Woodcock Johnson Scales of Independent Behavior (SIB)<br>___ Minnesota Child Development Inventory (MCDI)<br>___ Classroom/Home Observation<br>___ Other |
| Emotional/Behavioral Characteristics: | ___ What is the child's level of development in this area?<br>___ Not an area of concern at this time. | ___ Classroom/Home Observation<br>___ Interview with<br>    ___ Parents<br>    ___ Physician<br>    ___ Other<br>___ Other |
| Current Life Circumstances: | ___ Is the child getting appropriate opportunities to develop skills at home?<br>___ Not an area of concern at this time. | ___ Observation<br>___ Interview with<br>    ___ Parents<br>    ___ Physician<br>    ___ Other<br>___ Other |

## Next Steps/Time Line

| Projected Final Date | Activity |
|---|---|
| __________ | Parental permission for Testing Signed |
| __________ | Classroom/Home Observation |
| __________ | Initial Evaluation Date |
| __________ | Additional Evaluation Date |
| __________ | Parent Interview |
| __________ | Additional Interviews |
| __________ | Basic Staffing Team Meets to Determine Eligibility |
| __________ | Parental Notification of Evaluation Results and Subsequent Procedures |

______________________________ Date ______________

Basic Staffing Team Member Completing Form

______________________________ Date ______________

Parent Signature

Submitted by: Mark Sustic
Franklin NW/NE EEE Program

# EVALUATION PLAN

## A. Identifying Information

Pupil's Name________________________________ School______________________

D.O.B.________________ Grade_____________________ Years in school_______

## B. Reason (s) for Referral

## C. Evaluation Areas

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Physical Characteristics (Vision, Hearing, Motor, Health/Medical) | | |
| Emotional/Behavioral Characteristics | | |
| Current Life Circumstances (Family, Community and Environmental Factors that might influence learning) | | |

| Evaluation Area | Evaluation Questions | Procedures to be used |
|---|---|---|
| Current Level of Fundamental Skills (Speech and Language, Social/Adaptive, Self-Help, Gross/Fine Motor, Cognition (preacademic)). | | |

D. Classroom Observation

Staff Assigned______________________________ Date__________________

E. Next Steps/Time Line

____________________________________________ Date__________________
Basic Staffing Team Member Completing Form

Submitted by: Cathi Wiest-Brown,
Grand Isle EEE Program

## Addison Northeast School District
## Essential Early Education
## Evaluation Plan

A. Identifying Information

Child's Name ________________________ Town ________________________

Date of Birth ________ Program ___________ School Year ____________

B. Reason for Evaluation

Based on the results of ________________________ ____________
child's name date
screening we would like to evaluate his/her skills in the areas checked below. The specific procedures to be used have also been checked. These evaluation results will help us in determining whether the services provided by the Addison Northeast School District's Essential Early Education Program would be beneficial for your child.

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Vision<br>Hearing<br>Health/Medical | Are vision & hearing within normal limits? Has child any health Problems? | -parent questionnaire<br>-parent interview |
| Language:<br>Talking<br>Listening<br>Understanding | What are the child's strengths & weaknesses in language? What is child's developmental level in language | -language sample<br>-MLU analysis<br>-PALD<br>-PPVT<br>-Preschool Lang. Scale<br>-Bracken |
| Articulation: How the child pronounces sounds | Is the child's speech easily understood in conversation? | -Goldman Fristoe<br>-Weiss Articulation Test<br>-Oral-peripheral exam by SLP<br>-speech sample |
| Other Speech Areas:<br>Fluency<br>Voice (hoarse, to high, too low, nasality) | Is voice quality appropriate? Does child repeat, hesitate or prolong speech? | -observation by SLP<br>-tape recorded language sample<br>-analysis of syllables per minute<br>-analysis of syllables stuttered |

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Environmental Factors | What are the most significant factors influencing the child's learning? | -observation<br>-parent interview/ questionnaire<br>-questionnaire based on Battelle Scale |
| Cognitive (understanding concepts & object relationships) | What is the child's developmental level in each skill area? | -McCarthy Scales of Children's abilities<br>-Battelle<br>-Minnesota |
| Fine Motor (small muscle coordination) | | |
| Gross Motor (big muscle coordination) | | |
| Social/Self-Help/ Adaptive Behavior | Does the child's behavior interfere with learning? | -parent interview<br>-questionnaire based on Battelle Scale<br>-Observation<br>-Minnesota |

C. Classroom Observation

Staff Assigned________________________________ Date_______________

D. Next Steps/Time Line

The Essential Early Education Program staff will meet on _________ _________ to discuss these evaluation results and to determine if your child is eligible to participate in the Addison Northeast District's Essential Early Education Program.

E. ________________________________ ____________________________

Staff Member Completing Form Date

Submitted by: Sally Kallem,
Addison NE EEE Program

DATE: ______________

## PRIOR NOTICE AND CONSENT FOR EVALUATION

### Winooski Supervisory Union

Dear ______________________________,

We would like to inform you that your child ___________ is being referred for individual testing which will help us in his/her educational planning. Referral was made for the following reasons:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Below is a description of the tests which we would like to have administered to your child.

| AREA TO BE EVALUATED | TEST OR EVALUATION PROCEDURE | WHAT EACH PROPOSES TO MEASURE |
|---|---|---|
| | | |

If you have any information which you feel might be helpful in your child's evaluation or which you would like the Basic Staffing Team to consider, please submit it to me no later than ____________________.

Testing results will help us in determining your child's educational needs and in planning the most appropriate program. You will be informed of the results of these tests and will have an opportunity to review all records and procedures relating to this evaluation.

Since it is a legal requirement that we receive your written consent before we proceed with the testing, we would appreciate your signing this permission form and returning it as soon as possible. Your signature indicates that you have received the attached full explanation of your rights, that you understand these rights and that you grant permission for the testing to proceed. If you have any questions, please feel free to contact us.

Thank you very much for considering this request.

Sincerely,

______________________________

I understand and agree to the above described actions. I also understand that the granting of my consent is voluntary and may be revoked at any time. I do not require the services of an interpreter as English is my primary language and I understand all that this letter implies.

____ I willfully grant my permission to evaluate my child

Date: _____________ Signature: ________________________

____ I refuse permission to evaluate my child.

ATTACHMENTS:

_____ Parental Rights

_____ Description of Tests to Be Administered

_____ Parental Input to Evaluation Plan

Submitted by: Laura Meyers
Winooski EEE Program

## PARENTAL INPUT TO EVALUATION PLAN

Please complete this form and send to the Basic Staffing Team so that this information will be considered by the team in their comprehensive evaluation.

1. My child is interested in:

2. My child is ready to learn:

3. My child's strengths are:

4. My child's weaknesses are:

5. My child's attitude toward school is:

Child's Name: ______________________________ Date: _______________

Child's Teacher: ______________________ School: __________________

Parent's Signature: ______________________________________

Submitted by: Laura Meyers
Winooski EEE Program

# WINOOSKI SPECIAL EDUCATION PROGRAM

## DIAGNOSTIC AND ASSESSMENT INSTRUMENTS

## ESSENTIAL EARLY EDUCATION

| | | |
|---|---|---|
| _____ | BATTELLE INVENTORY OF DEVELOPMENT | Assesses a student's abilities in the following domains: Motor, Cognitive, Communication, Personal/ Social and Adaptive. |
| _____ | BRIGANCE DIAGNOSTIC INVENTORY OF EARLY DEVELOPMENT | Assesses a student's abilities in the following domains: Motor, General Knowledge and Comprehension, Speech and Language, and Self-Help. |
| _____ | SEQUENCED INVENTORY OF COMMUNICATION DEVELOPMENT | Assesses a student's receptive and expressive communication abilities. |
| _____ | ARIZONA ARTICULATION PROFICIENCY SCALE | Assesses a student's use of speech sounds in various positions in words and/or sentences. |
| _____ | SKILLS CHECKLIST | Assesses a student's current level of performance in motor, cognitive, communication, self-help, and social domains. |
| _____ | AUDIO RECORDINGS | Taping of language for possible analysis. |
| _____ | LANGUAGE SAMPLE | A written sample of the child's language for possible analysis. |
| _____ | OBSERVATIONS | Observations of students in the school and/or home environment. |
| _____ | TEST OF AUDITORY COMPREHENSION OF LANGUAGE | Assesses a student's ability to understand syntactic and semantic aspects of language. |
| _____ | PATTERNED ELICITED SYNTAX TEST | Assesses a child's ability to and use grammar. |
| _____ | PEABODY PICTURE VOCABULARY TEST | Assesses a child's understanding of vocabulary items. |
| _____ | EXPRESSIVE ONE WORD PICTURE VOCABULARY TEST | Assesses expressive vocabulary. |

Submitted by: Laura Meyers
Winooski EEE Program

## APPENDIX J

## State of Vermont Approved List of Assessments in Special Education

# ACCEPTED TESTS FOR SPECIAL EDUCATION ELIGIBILITY

## Essential Early Education

### A. Recommended Preschool Screening Instruments

Denver Developmental Screening Test (0-6.0) (DDST), Ladoca Project and Publishing Foundation, Inc.
DIAL-R (2.5-5.5) - Developmental Indicators for the Assessment of Learning - Revised, Child Craft Foundation, Inc.
Miller Assessment for Preschoolers (MAP) (2.9-5.8), Foundation for Knowledge and Development
McCarthy Screening Test (4.0-6.5), Psychological Corporation
Battelle Developmental Inventory Screening Test (0-8.0), DLM Teaching Resources
Fluherty Preschool Speech/Language Screening Test (2.0-6.0), DLM Teaching Resources
Bracken Basic Concept Scale - Screening Test (5.0-7.0) Merrill

### B. Comprehensive Evaluation Instruments/Eligibility

McCarthy Scales of Children's Abilities (2.5-8.5), Psychological Corporation
Battelle Developmental Inventory (0-8.0), DLM Teaching Resources
Mullen Scales of Early Learning (MSEL) (15 months to 69 months), T.O.T.A.L. Child, Inc.
Test of Early Learning Skills (3.5-5.5), Scholastic Testing Services, Inc.
Bayley Scales of Infant Development (0-2.5), Psychological Corporation
Kaufman Assessment Battery for Children, American Guidance Service, Inc.
Wechsler Preschool and Primary Scale of Intelligence (WPPSI), Psychological Corporation

### C. Speech and Language

#### Language

Test of Early Language Development (TELD), (3.0-7.11), Pro-Ed
Test of Basic Concepts (BOEHM) (K-2), Psychological Corporation
Peabody Picture Vocabulary Test - Revised (PPVT-R) (2.5 up), American Guidance Service, Inc.
Test of Auditory Comprehension of Language - Revised (TACL-R) (3.0-10.0), DLM Teaching Resources
Zimmerman Preschool Language Scale (18 months to 7.0), Merrill

Vocabulary Comprehension Scale, DLM Teaching Resources
REEL - Receptive Expressive Emergent Language Scale (0-3.0), University Park Press
Bracken Basic Concept Scale - Diagnostic Scale (2.5-7.11), Merrill
Token Test for Children (3.0-12.0), DLM Teaching Resources
Carrow Elicited Language Inventory (3.0-7.11), DLM Teaching Resources
Sequenced Inventory of Communication Development (SICD) (0-4.5), Western Psychological Services
Test of Language Development (TOLD) (4.0-8.11), Pro-Ed

## D. Adaptive Behavior

Battelle Developmental Inventory - Adaptive Domain, DLM Teaching Resources
California Preschool Competency Scale, Consulting Psychologists Press
Scales of Independent Behavior (SIB): Early Development Scale (0-2.5), Broad Independence Scale (2.5 up); DLM Teaching Resources
Vineland Adaptive Behavior Scales, American Guidance Service, Inc.
Classroom or Home Observation
Test of Early Socioemotional Development (TOESD) (3.0-8.0), Pro-Ed
Child Behavior Checklist (4.0-16.0), Achenbach
Minnesota Child Development Inventory (MCDI) (6 months to 6 years), Behavior Science Systems, Inc.

## E. Criterion Referenced Assessments/IEP Development

Uniform Performance Assessment System (UPAS), Merrill
Early LAP (0-36 months), Kaplan Press
LAP-D (12-72 months), Kaplan Press
LAP (36-72 months), Kaplan Press
Brigance Inventory of Early Development, (0-7.0), Curriculum Associates
RIDES - Rockford Infant Developmental Evaluation Scales (0-48 months), Scholastic Testing Service
Behavioral Objectives System for Early Education (0-6.0), Thousand, Simberg, DiFerdinando (University of Vermont)
Ira Allen Essential Early Education Center - M.O. (0-6.0)
Hawaii Early Learning Profile (HELP) (0-3.0) VORT
Spontaneous Speech/Language Sample
Marshalltown Behavioral Developmental Profile (0-6), The Marshalltown Project
Callier-Azusa Scale (0-9.0), University of Texas at Dallas
Berry/Buktenica, Developmental Test of Visual Motor Integration (2.0-5.0), Follet
Environmental Language Inventory, Merrill
Vulpe Assessment Battery - Revised (VAB) (0-6.0), Canadian Associates
Portage Checklist (0-6.0), Portage Project

# Publishers' Addresses

Achenbach - Child Family and Community Psychiatry, University of Vermont, 1 South Prospect Street, Burlington, Vermont 05405

American Guidance Service, Incorporated, Publisher's Building, Circle Pines, Minnesota 55014

Behavior Science Systems, Inc., Box 1108, Minneapolis, Minnesota 55440

Canadian Associates for the Mentally Retarded, 4700 Keele Street, Downsview, Toronto, Canada

Charles E. Merrill Publishing Company, Columbus, Ohio

Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, California 94306

Curriculum Associates, North Bellerica, Massachusetts

DLM Teaching Resources, One DLM Park, Allen, Texas 75002

Follet Publishing Company, 1010 West Washington Boulevard, Chicago, Illinois 60607

Kaplan Press, P.O. Box 5128, Winston-Salem, North Carolina 27113-5128

Portage Project, Box 564, Portage, Wisconsin 53901

Pro-Ed, 333 Perry Brooks Building, Austin, Texas 78701

Psychological Corporation, 757 Third Avenue, New York, New York 10017

Scholastic Testing Service, 480 Meyer Road, P.O. Box 1056, Bensenville, Illinois 60106

The Marshalltown Project, 507 East Anson Street, Marshalltown, Iowa 50158

The University of Texas at Dallas, Callier Center for Communication Disorders, 1966 Inwood Road, Dallas, Texas 75235

T.O.T.A.L. Child, Inc., 244 Deerfield Road, Cranston, Rhode Island 02920

University Park Press, 233 East Redwood Street, Baltimore, Maryland 21202

Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, California 90025

# APPENDIX K

## Sample Written Evaluation Report

EVALUATION PLAN

A. Identifying Information

Pupil's Name Jack School

D.O.B. Grade 3 years 10 months Years in school 4

B. Reason (s) for Referral

Jack has participated in the Essential Early Education program since the age of 10 months. Because three years have passed, a comprehensive re-evaluation is indicated.

C. Evaluation Areas

| Evaluation Area | Evaluation Questions | Procedures to be Used |
|---|---|---|
| Current Life Circumstances<br>(family, community and environment) | What are the current life circumstances?<br>What skills does Jack complete indep or need assistance with at home? | 1. Parent Interview at home visit |
| Physical Characteristics | Is Jack's hearing and vision within normal limits?<br>What is the current status of Jack's medical problems?<br>What are the educational implications? | 1. Attempt vision screening with Allen Cards.<br>2. Request records from Dr. , Ophthalmologist. Phone if necessary.<br>3. If cont. difficulty with vision testing, VAB consult.<br>4. Train for hearing screening, refer if no success by 1/87.<br>5. Request records from Dr.<br>6. Discuss weight concerns P.T./O.T. |
| Language Characteristics<br>Expressive, Receptive Articulation | What is the current level of Jack's expressive and receptive language skills?<br>What are characteristics of his articulation?<br>How does his positioning and physical characteristics affect his speech? | 1a. SICD-Sequenced Inv. of Comm. Dev.<br>1b. PPVT and EOWPVT (Expressive One-Word Picture Vocab. Test) (Remem. Vision)<br>2. Language Sample MLU & utterance types<br>3. Oral peripheral Exam<br>4. Informal artic. assess.<br>5. Measure # of syllables per breath w/o tenseness in voice w/o extraneous movement |
| Emotional/Behavioral Characteristics | Does non-compliant behavior interfere with learning? | Classroom Observation<br>% requests complied within one on one situation. |

| Evaluation Area | Evaluation Questions | Procedures to be used |
|---|---|---|
| Current Level of Fundamental Skills | What are Jack's strength & needs in Cognitive, Self-Help, Fine and Gross Motor?<br>What is the current level of his mobility in his wheelchair?<br>Goals?<br>How might Jack best use a computer?<br>Goals? | 1. Bayley Scales of Infant Development<br>2. Battelle Developmental Inventory<br>3. Observation-Environmental Inventory<br>4. OT/PT Evaluation Ask prognosis for writing<br>5. Computer: Contact to see if she has contact persons. Also, Ask O.T. Call at VAC and ask for suggestions. Ask O.T. re: Boston Clinic |

**D.** Classroom Observation

Staff Assigned Nov. 18th 3:30 Date Preschool

**E.** Next Steps/Time Line

1. Testing
2. BST re-convenes 2:45 Thurs. 11/20

Rhonda Lewis

Basic Staffing Team Member Completing Form Date 10/07/86

# WRITTEN EVALUATION REPORT
# ESSENTIAL EARLY EDUCATION

## A. IDENTIFYING INFORMATION

NAME:
D.O.B.:
C.A. AT TESTING: 3yrs.11mos.
SCHOOL DISTRICT:
GRADE: Preschool
DATE OF REPORT: 11-18-86

## B. REASON FOR REFERRAL

was initially referred by the Child Development Clinic at the age of nine months as a medically at risk infant who was demonstrating developmental delays. During his first two years in the Essential Early Education (EEE) Program, he received a home visit twice each week. During the 1985-86 and the present school year, attends the EEE preschool class two mornings and receives one home visit each week. Because it has been three years since his initial evaluation, a comprehensive re-evaluation was due.

## C. CURRENT LIFE CIRCUMSTANCES

lives with his parents, , and his 16 month old sister . Mrs. spends a great deal of time interacting with and has been very successful in teaching him new skills. The have been very supportive of participation in the EEE program.

## D. PHYSICAL CHARACTERISTICS

exhibits moderately severe spastic quadriplegic cerebral palsy (characterized by increased muscle tone in all four limbs). He has somewhat better functional control over the right side of his body.

birth was four weeks premature, with a birth weight of five pounds, three ounces. He was hospitalized in the neonatal intensive care unit in Burlington, and then transferred to Boston Children's Hospital until he was three and one-half months old. His medical difficulties included respiratory distress, hepatitis, cirrhosis of the liver, intraventricular hemmorhage and seizures. His health is presently stable, and he has not had seizures since infancy. According to a report of 2-14-85 from Dr. his liver cirrhosis has stabilized. A follow-up appointment is scheduled for 12-8-86.

last attended Child Development Clinic/Orthopedic Clinic on 8-5-86, and is due to be seen again in nine months. He is also being seen by an orthopedic physician, Dr. for treatment of "trigger finger", where his left thumb locks in a bent position and becomes painful.

Dr. , pediatric ophthamologist, monitors vision. He has an alternating esotrophia (eye muscle imbalance) which was operated on in September 1983. His eye continues to turn out, especially when he is tired. His visual acuity, especially for distances, is in question. failed a vision screening using the Allen picture cards. For both eyes individually, needed to see the pictures at six feet, which should have been identified at 15 feet. At six feet, his accuracy was 100% using his right eye, and 60% using his left eye. He is scheduled for a vision exam on 1-14-87.

Attempts to screen hearing have been unsuccessful due to behavioral factors. At this point there is little concern about his hearing as he responds to whispered speech outside of his line of vision. However, if a hearing screening cannot be completed in the near future he will be referred to the E.M. Luse Center for an audiological evaluation.

## E. EMOTIONAL/BEHAVIORAL CHARACTERISTICS

is generally a very happy and outgoing child. He initiates interactions readily with familiar adults and children. He is initially wary of strangers, but will usually interact with them as long as a familiar adult is present. At times he exhibits non-compliant behavior at school and temper tantrums at home when asked to follow a direction, or if "he doesn't get his own way". Gentle teasing or coaxing, while continuing to expect the direction to be followed, has been successful at school. Temper tantrums are ignored.

On the Battelle Developmental Inventory (BDI) Social Domain, received a score of 33 months. His subdomain scores were all age appropriate, with the exception of peer interaction and social role, which are influenced by his motor and language difficulties.

On the Adaptive Domain of the BDI, showed age appropriate skills in the areas of personal responsibility, attention, and eating. Dressing skills are difficult due to the motor skills involved. He can independently remove socks, low shoes, hat, and mittens. He can put on his hat independently. He is working on increasing his participation in putting on and taking off his coat. Toilet training has been an area of difficulty. An adaptive toilet seat has been acquired for both home and school, but it does not fit him well. In September, he would cry when placed on it. At this point he remains extremely tense and does not like to enter the bathroom. After consultation with the I-team and his mother, it was decided to suspend toilet training until an appropriately sized "potty chair" can be found.

## F. SPEECH AND LANGUAGE CHARACTERISTICS

In April 1986, The Sequenced Inventory of Communication Development (SICD) was administered to assess expressive and receptive language skills. obtained a receptive communication score of 24 months representing a 17 month delay. He was able to point to body parts, respond to directional commands such as "Put it (the car) on the paper.", and point to some objects on request. did not respond correctly to prepositional commands involving 'in' and 'beside' nor did he demonstrate understanding of the concepts 'one' and 'all.' On the expressive scale, obtained a score of 24 months as well. He was able to name pictures in response to a question, imitate motor acts (clap hands, roll ball etc.) and imitate some speech and nonspeech sounds.

The Peabody Picture Vocabulary Test- Revised (PPVTR), to assess receptive vocabulary, was also administered. A basal level could not be established but based on a raw score of 10 received an age equivalent of 27 months, representing a delay of 19 months.

Expressive vocabulary skills were evaluated using the Expressive One-Word Picture Vocabulary Test (EOWPVT). Again, a basal could not be established. A raw score of 5 revealed an age equivalency of 15 months and a percentile less than 1. It should be noted that when using colored pictures was able to identify some of the objects that he could not name when presented with the line drawings provided with the test.

A spontaneous language sample of utterances showed a Mean (average) Length of Utterance (MLU) of 1.86 words, indicating a 24 month age level. produced the pronoun I, contractions (haven't, don't, I'm) , possessive 's', and demonstrated inconsistent use of verb(-ing).

The Goldman Fristoe Test of Articulation was administered to assess sound production. Forty-four sound production errors were exhibited. The following phonemes, which would be expected at his age, were misarticulated: th/p, n/m, d/g, t/k and th/f in the initial position of words, s/f in the medial position of words, and d/b, and th/f in the final position in words. omitted /w/ in the initial position , /g/ and /d/ in the medial position, and /n/ in the final position of words. Twelve of total errors were characterized by the substitution of /th/ for the target phoneme. He is generally intelligible if the content is known. Low volume and decreased breath support also contribute to decreased inteligibility.

An oral peripheral exam revealed no structural abnormalities. voluntary control over his speech musculature is limited. He was unable to imitate such motor acts as lip puckering and side to side and circular tongue movements. However, he exhibits better control during meaningful/automatic activities.

## G. CURRENT LEVEL OF FUNDAMENTAL SKILLS

### Gross Motor

began using an orthokinetic Katrin wheelchair in September. He presently needs complete assistance to get in and out of the chair, but is working towards greater independence. He can put the brake on and off independently, but needs reminders regarding when to use it.

He can manipulate the wheels foreward and backwards, but has not gained enough control to navigate in a straight line or to turn corners. On a teacher developed checklist of wheelchair skills, needed complete assistance on 47% of the skills, and partial assistance on 35%.

moves around the house and classroom efficiently by crawling on his hands and knees. He can kneel at a table holding on for up to 2 and 1/2 minutes before resting. His increased muscle tone, decreased trunk strength, and the influence of symmetrical and asymmetrical tonic neck reflexes (STNR and ATNR) are interfering with the development of more complex motor skills at this time. Gross motor skills were evaluated by , RPT, using the Peabody Developmental Motor Scales. He received an age equivalent of eight months. Consultation was also provided by , RPT, from the I-Team.

Fine Motor

OTR, evaluated fine motor skills using the Peabody Scales. He scored at the 22 month level. This was supported by the Battelle Fine Motor Domain, which placed his scores at the 24 month level. His perceptual motor score was stronger than the fine motor score. Consultation was also provided by , OTR. can imitate a vertical line without control over placement, and attempts horizontal lines and circular scribbles. Because of the discrepancy between his writing skills and his cognitive ability, learning initial keyboard skills is very important for the eventual use of a computer for word processing.

Preacademics

In April 1986, scored at the 23 month level on the Bayley Scales of Infant Development. He received a similar score of 22 months on the Battelle Cognitive Domain, which was administered in November at 47 months of age. However, his functional preacademic skills are quite scattered, and indicate ability above the two year level. He can recite the alphabet with occasional cues, and is beginning to recognize some letters. He can orally spell his name while looking at a written model. When asked, he can give his full name, age, and town. He is inconsistent in stating the total quantity when given one or two objects, but he can count by rote to 10, and name some numerals.

## H. CONCLUSIONS AND RECOMMENDATIONS

is a three year, eleven month old child who continues to be eligible for Essential Early Education Services based on his developmental delays. He should continue to attend the EEE class and receive home visits. Motor goals should focus on activities to help integrate relexes, increase trunk strength, improve mobility, and complete more difficult writing and bilateral fine motor tasks. Keyboard skills, and reading and math readiness skills will be emphasized. Language goals will focus on increasing vocabulary, sentence length, and breath control.

## I. SIGNATURES OF BASIC STAFFING TEAM

Agree with findings/recommendations:

Name Position

Disagree with findings/recommendations:

Name Position

# APPENDIX L

## Sample IEP

# ESSENTIAL EARLY EDUCATION

# INDIVIDUALIZED EDUCATION PROGRAM

## I. Identifying Information

Student's Name Jack Student # Date of Birth
Parent/Guardian Name(s) Bill & Susan Address
Home School District Phone Years in EEE 4
Referred by CDC Date of Comp. Eval. Fall '86 Date of Comp. Re-Eval. by Fall '89
Date of IEP 11-25-86 Date of Annual Review by 5/30/87
parents were in Florida for 3 weeks

## II. SERVICES

| SERVICES | PERSONNEL | DATE INITIATED | FREQUENCY | DURATION |
|---|---|---|---|---|
| EEE Class | Rhonda Lewis | 11-25-86 | 2 x wk/2½ hours | May 20th, 1986 |
| Speech/Lang | Jane Dow | 11-25-86 | 2 x/15-20 minutes | May 20th, 1986 |
| Home Visits | Valerie Smith | 11-25-86 | 1 x/week 45 min.-1hr. | May 20th, 1986 |

Extent of Participation in Regular Ed. attends class in home elem. school with peer models

## III. PARTICIPANTS IN IEP MEETING

| PARTICIPANTS IN IEP MEETING | POSITION | INITIALS |
|---|---|---|
| Susan | Parent | S. |
| Rhonda Lewis | EEE Coord/Teacher | R.L. |
| Jane Dow | Speech/Lang Path. | J.D. |

## IV. PARENTAL CONSENT

My child's educational placement and individual program has been developed with me.

x I agree with the IEP.
___ I do not accept the IEP.

Signature ______________ Date 11/25/86

## V. PRESENT LEVEL OF PERFORMANCE

| | | | | RESULTS | | |
|---|---|---|---|---|---|---|
| AREA | TESTING MEASURE | EXAMINER | DATE | PRE-TEST | DATE | POST-TEST |
| Cognitive | Bayley Scales of Infant Dev. Mental Scale | R.L. | 05/21/86 | 23 mos. | | |
| | Battelle Developmental Inventory | R.L. | 11/18/86 | 22 mos. | | |
| Language | Sequenced Inventory of Comm. Dev. (SICD) | J.D. | 04/28/86 | recp. 24 mos<br>exp. 24 mos | | |
| | Peabody Picture Vocabulary Test Revised (PPVT-R) | J.D. | 10/02/86 | 27 mos. | | |
| | Expressive One Word Picture Vocabulary Test (EDWPVT) | J.D. | 10/07/86 | 15 mos. | | |
| | Language Sample | J.D. | 09/23/86-<br>10/16/86 | MLU. 1.86 words appx. 24 mos. | | |
| Speech | Goldman-Fristoe Test of Articulation | J.D. | 11/13/86 | 44 errors | | |
| Gross Motor | Bayley Scales of Infant Dev. Motor Scale | R.L. | 05/21/86 | 9-10 mos. | | |
| | Peabody Scales of Motor Development | T.L.C. | 11/18/86 | | | |
| | Wheelchair Mobility Checklist | R.L. | 11/86 | Positioning;<br>55%-Complete Assist<br>Mobility:<br>47%-Complete Assist | | |
| Fine Motor | Bayley Scales of Infant Dev. Motor Scale<br>Peabody Scales of Motor Development | B.S. | 11/13/86 | 22 mos. | | |

## PRE-ACADEMICS

Long Term Goal: Jack will identify quantities one to three

Present Level: Jack counts by rote to 10 and identifies some numerals. He does not yet consistently give 'one' on request, or show groups of one, or answer "how many?"

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | Given one object and the question "how many-are there?", Jack will answer "one with at least 80% accuracy. | |
| 03/04/86 | Same, groups of two | |
| 05/20/86 | Same, groups of three | |

Materials: Teacher made materials, counting books, Workjob counting games

## PRE-ACADEMICS

Long Term Goal: Jack's /reading readiness/alphabet skills will improve

Present Level: Jack recites the alphabet with occasional cues as to which letter comes next. He names some plastic magnetic letters. He does not yet recognize his name.

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | Given his name and one other name, Jack will choose his name with at least 80% accuracy. | |
| 03/04/86 | Given a model of his name and the letters to match, Jack will match the letters accurately at least 80% of the time. | |
| 05/20/86 | Given identical alphabet letters, Jack will match them with at least 80% accuracy. | |

Materials: When completing artwork or other projects, Jack will be asked to locate his name(choice of 2 cards) to give on the paper instead of us writing his name on. Matching letters will be done with

## LANGUAGE

Long Term Goal: Jack will increase his expressive and receptive vocabulary.

Present Level: Jack's understanding and naming of pictures/objects is not age appropriate.

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | 1a. When asked, Jack will point to parts of his wheelchair with 90% accuracy. | |
| 03/04/87 | 1b. When asked, Jack will name parts of his wheelchair with 90% accuracy. | |
| | 2a. When presented with a choice of two pictures, will point to at least 5 new verbs with at least 80% accuracy in two consecutive sessions | |
| | 2b. When presented with a picture Jack will name at least 5 new verbs with at least 80% accuracy in two consecutive sessions. | |
| | 3a. When presented with a choice of two pictures/objects Jack will point to at least 5 new adjectives with 80% accuracy in two consecutive sessions. | |
| 05/20/87 | Same as 2a and 2b, 5 more verbs (at least 10 total). | |
| | Same as 3a and 3b, 5 more adjectives (at least 10 total). | |

Materials: Pictures, objects, wheelchair, etc.

## LANGUAGE

Long Term Goal: Jack will follow directional commands involvingprepositions and adverbs.

Present Level: Jack doesn't follow commands that involve preposition and adverb direction (e.g. backwards, in front of, beside, etc.)

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | With assistance, Jack will follow directional commands with 80% accuracy. | |
| 03/04/87 | Given a gestural cue, Jack will follow directional commands with 80% accuracy. | |
| 05/20/87 | Jack will follow directional commands in the classroom with at least 80% accuracy. | |

Materials: Dolls, objects, etc.

## LANGUAGE

Long Term Goal: Jack will increase his mean length of utterance (MLU) by using three-four word utterances more consistently.

Present Level: Jack's current MLU is 1.86 words.

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | During various classroom activities (as well as during speech therapy) Jack will imitate 2-3 word utterances with 80% accuracy. | |
| 03/04/87 | During various classroom activities (as well as during speech therapy), Jack will imitate 3-4 word utterances with 80% accuracy. | |
| 05/20/87 | Jack's MLU will be approximately 2.5 to 3.0 words. | |

Materials: Teacher made materials, books, objects, etc.

LANGUAGE

Long Term Goal: Jack will classify objects (or pictures of) according to their function.

Present Level: Jack is unable to identify objects when given its function.

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 03/04/87 | Given a choice of objects or pictures of objects and a description of a function, Jack will identify the appropriate objects with at least 80% accuracy. | |
| 05/20/87 | Given a group of objects of pictures of objects, Jack will name the function of the objects with at least 80% accuracy | |

Materials: Objects, pictures, flannel board pieces, etc.

## SPEECH

Long Term Goal: Jack will exhibit increased breath control and volume of speech.

Present Level: Jack produces 3-4 syllables on one breath. His volume is often so low that he needs to be asked to repeat what he said.

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | Jack will be able to blow a light object (cottonball, feather) so it moves. | |
| 03/04/87 | Jack will be able to blow a light object several inches. | |
| | Given a verbal reminder, Jack will use an increased volume in the classroom with 80% accuracy. | |
| 05/20/87 | Jack will use an increased volume during various classroom activities as observed by SLP and classroom teacher. | |
| | Jack will produce 4-5 syllables per breath. | |

Materials: Cottonball, feather, etc.

## GROSS MOTOR

Long Term Goal: Jack's mobility in his wheelchair will improve so that he can go forward, through doorways, and turn.

Present Level: Jack can move the chair forwards and backwards, but not in a straight line. He cannot turn corners.

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | 1) Given a destination in front of him, Jack will move his wheelchair 10 feet forward in less than 30 sec., with no more than one assist to get back on course. | |
| 03/04/86 | 2) Same, 20 feet forward in less than 1 minute, independently. | |
| | 3) When entering or leaving a room, Jack will move through the doorway in his wheelchair, independently. | |
| 05/20/86 | 4) In his wheelchair, Jack will make 90 degree right and left hand turns independently. | |
| | 5) Same-180 degree right and left turns | |
| | 6) In his wheelchair, Jack will move to areas in the classroom, halls, etc. as directed, choosing an efficient path, independently. | |

Materials: Wheelchair, decreasing physical assistance

## GROSS MOTOR

Long Term Goal: Jack 's trunk strength and integration of ret will improve so that he can crawl over obstacles and assist in getting in and out of his wheelchair.

Present Level: Jack exhibits a strong ATNR and STNR, consequently his head position dominates his ability to position and move his extremities

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | Given a 2" obstacle, Jack will crawl over it with a verbal reminder to keep his head up, 80% of the time. | |
| 03/04/86 | Jack will maintain a hands and knees position, with 90 degree angle at hips and knees, without arms collapsing, while moving his head sideways, up and down, given partial assistance at his hips. | |
| | Given a 4" obstacle, Jack will crawl over it independently, 80% of the time. | |
| 05/20/86 | Given a 6"-8" height obstacle, Jack will crawl up/down with partial physical assistance, in order to get into/out of his wheelchair, or up/down a step. | |
| | Maintaining a hands and knees position with 90 degree angle with minimal physical assistance, Jack will weight shift and reach with one hand to complete activities. | |

Materials: 2" foam mat, toys, books, etc.
wheelchair, steps

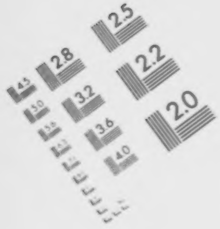
## FINE MOTOR

Long Term Goal: Jack will consistently imitate horizontal lines, vertical lines, and a cicle, with greater control on placement

Present Level: Jack can imitate vertical lines, without control re: starting and stopping. He cannot consistently imitate a (-) or a (0)

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | Given a initial hand over hand prompt, Jack will imitate a horizontal line, 80% of the time. | |
| 03/04/86 | Given a model to imitate, Jack will draw a vertical and horizontal line between 2 designated points. | |
| 05/20/86 | Given a model to imitate, Jack will imitate a single circle so that it is a basically round shape, and the ends are within 1/8 of the circumference from each other, 80% of the time. | |

Materials: Crayons, markers, chalk, etc.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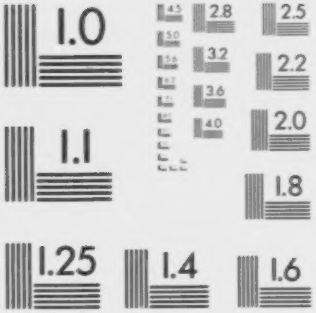
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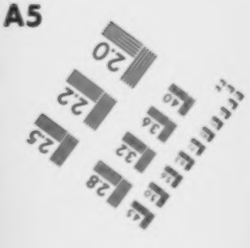
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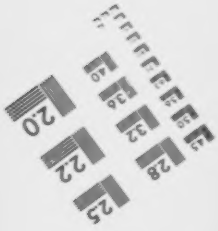
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## FINE MOTOR

Long Term Goal: Jack's bilateral (two hands) manipulation skills will improve

Present Level: Jack has difficulty using two hands together and cannot independently complete and of the listed tasks

| Target Date | Objective | Achieved/Comment |
|---|---|---|
| 12/19/86 | Jack will independently complete one new fine motor task from the list below, 80% of the time:<br>lap belt on wheelchair<br>velcro footstraps<br>zipper on coat<br>unsnap coat<br>cap on/off toothpaste<br>jar lids | |
| 03/04/86 | same, 3 new tasks | |
| 05/20/86 | same, 6 new tasks | |

Materials: as listed above
Decrease physical assistance

# APPENDIX M

## Competencies for Essential Early Educators

# COMPETENCIES FOR ESSENTIAL EARLY EDUCATORS

The competency clusters described below were derived from the experience of program staff and the I-Team, the research literature, best educational practices for young (birth through age five) learners with handicaps and results of the early education needs assessment conducted by staff from the State Department of Education and the Center for Developmental Disabilities this past year ("Statewide Needs Assessment Report of Educational and Related Services for Young Children Experiencing Handicaps and Their Families", October 1985).

## 1.0 Leadership and Administration

1.1 Development of local essential early education service delivery options

1.1.1 Analysis of school district and regional resources and needs
1.1.2 Identification and implementation of service options, including classroom-based, home-based, and outreach/consultative options

1.2 Interdisciplinary and transdisciplinary team building
1.3 Establishing interagency collaboration
1.4 Consultative delivery of technical assistance
1.5 Training of other service providers
1.6 Case management
1.7 Developing and implementing periodic overall program evaluation

## 2.0 Special Needs of the Birth to Age Three Population

2.1 Transactional model of infant learning and development, and intervention
2.2 Assessment techniques employed with infants
2.2 Instructional interventions based upon family involvement: Strategies for facilitating mutually reinforcing and beneficial transactional parent-child interactions

## 3.0 Working with Families

3.1 The family ecosystem: Identifying potential needs and support systems; recognizing diverse family structures and values
3.2 Developing parent-professional partnerships: establishing and maintaining a respectful and cooperative relationship with family members
3.3 Active involvement of family members in their child's educational process
3.4 Establishing and maintaining home-school communication systems

## 4.0 Physical and Developmental Characteristics of Infants, Toddlers, and Preschoolers with Handicaps

- 4.1 Physical and developmental evaluation of young children with handicapping conditions
    - 4.1.1 Prenatal, perinatal, and post-natal environmental influences on development
    - 4.1.2 Health and disease influences on development
    - 4.1.3 Role of parents, physician, and interdisciplinary personnel in evaluation
    - 4.1.4 Seizures and seizure management
    - 4.1.5 Vision and hearing impairments and screening
    - 4.1.6 Components of normal movement and motor development
    - 4.1.7 Sensorimotor dysfunction evaluation
    - 4.1.8 Cognitive and communication development and evaluation
- 4.2 Impact of physical and developmental characteristics of young children with handicaps on environmental arrangements and intervention procedures

## 5.0 Assessment of Infants, Toddlers, and Preschoolers

- 5.1 Child find and screening
- 5.2 Collaboration with Medical Personnel (i.e., Child Development Clinic, Medical Center of Vermont)
- 5.3 Selecting and administering screening and assessment instruments appropriately
- 5.4 Ecologically-based assessment
- 5.5 Curriculum-based assessment
- 5.6 Diagnostic assessment
- 5.7 Programmatic assessment
- 5.8 Overall program effectiveness assessment

## 6.0 Curriculum, Instructional Program Design, and Management of Learning Environments

- 6.1 Curriculum
    - 6.1.1 Selecting and evaluting curricula
    - 6.1.2 Developmental milestones in curriculum domains: cognitive, communication, social, self care, fine motor, gross motor,
    - 6.1.3 School and community survivial skills
    - 6.1.4 Developmental and ecological bases for curriculum development
    - 6.1.5 Adapting curriculum tasks and materials; identifying functional alternatives and adaptive assistive devices

- 6.2 Development of individualized educational programs
  - 6.2.1 The IEP process
  - 6.2.2 Writing instructional objectives
  - 6.2.3 Task analysis
  - 6.2.4 Measurement and individual data collection systems
- 6.3 Applied Behavioral Analysis Practices
  - 6.3.1 Behavior analysis
  - 6.3.2 Increasing behavior- reinforcement
  - 6.3.3 Teaching new behaviors
  - 6.3.4 Reducing and eliminating inappropriate behaviors
  - 6.3.5 Maintaining and extending behaviors
  - 6.3.6 Introduction to the antecedent event - behavior - consequent event format
  - 6.3.7 Mastery objectives
- 6.4 Developmental and typical early childhood educational intervention practices
  - 6.4.1 Instructional and typical early childhood routines
  - 6.4.2 Group instruction strategies
  - 6.4.3 Play-based, interactive teaching strategies
  - 6.4.4 Milieu-based intervention procedures

## 7.0 Transition Planning and Implementation

- 7.1 Analysis of kindergarten environments to identify "surival skill" demands and typical instructional practices
- 7.2 Modifying early education curriculum to incorportate kindergarten demands and instructional practices
- 7.3 Initiating transition planning with public school teams and families 12 to 18 months prior to kindergarten entry
- 7.4 Building a public school-based follow-up system for all former EEE learners
- 7.5 Transferring assessment, programming, and family involvement responsibilities to the public school
- 7.6 Establishing positive parent-school communication with public school personnel

## 8.0 Foundations of Special Education

- 8.1 Historical trends and events
- 8.2 Philosophical models of education and habilitation: Social Role Valorization
- 8.3 Current legislation and litigation
- 8.4 Service in special education

        - 8.4.1 Multicultural special education
        - 8.4.2 Prevention and early education
        - 8.4.3 Family support services
        - 8.4.4 Vocational services
        - 8.4.5 Recreation and leisure services
        - 8.4.6 Community residential alternatives
        - 8.4.7 Components of a comprehensive service delivery system

## 9.0 Professional Development

- 9.1 Continuing education
- 9.2 Professional organization membership
- 9.3 Self-evaluation
- 9.4 Public presentations and dissemination with other professionals, school boards, and parents

## APPENDIX N

## Program Planning Schedules

# EEE 1986/87 SCHEDULE

## AUGUST

| | |
|---|---|
| 27 | 1st day of school |
| 27-29 | In-service days |
| | Equipment and supplies inventory established |

## SEPTEMBER

| | |
|---|---|
| 2-5 | Evaluations begin |
| | Home visits scheduled |
| | Sheldon screenings |
| | Pre-testing begins |
| 8-26 | Preschool, daycare, private kindergarten screenings |
| | Transition follow-up visits to kindergartens and 1st grades |
| | IEP development meetings |
| | Parent groups scheduled |
| | Staff evaluation and goal setting meetings |
| | Parent handbook updated |
| | Weekly EEE staff meetings scheduled |
| | Monthly meetings with Special Ed Coordinators scheduled |
| 19 | October newsletter deadline |
| 22-26 | Classrooms set up |
| 26 | Classroom and home visit schedules finalized |
| | IEPs completed (typed and distributed) |
| 29 | Classroom sessions begin |

## OCTOBER

| | |
|---|---|
| 1-31 | Observe September 1987 transition placement options |
| | File review |
| 23-24 | Teacher's Convention |
| 24 | November newsletter deadline |

## NOVEMBER

| | |
|---|---|
| 10 | OT/PT consultations |
| 11 | Veterns Day |
| 21 | December newsletter deadline |
| 26 | 1st ½ reports due |
| 27-28 | Thanksgiving vacation |

## DECEMBER

| | |
|---|---|
| 12 | January newsletter deadline |
| 19 | EEE Christmas party |
| 22-Jan. 4 | Christmas break |

## JANUARY

| | |
|---|---|
| 5-30 | Transition planning meeting-EEE staff |
| | EEE staff evaluation review-reset/modify goals |
| | Spring screenings scheduled |
| 23 | February newsletter deadline |
| 30 | 2nd ½ reports due |

## FEBRUARY

| | |
|---|---|
| 2-20 | Transition planning meetings-EEE & Special Ed Coordinators |
| | File review |
| 10 | OT/PT consultations |
| 13 | March newsletter deadline |
| 23-27 | Winter break |

MARCH

| | |
|---|---|
| 1 | Screenings begin |
| 2 | Inservice |
| 3 | Town Meeting Day |
| 4-31 | Transition planning meetings-EEE and parents |
| | Transition planning-EEE and school staff |
| 20 | April newsletter deadline |
| 31 | 3rd ½ reports due |

APRIL

| | |
|---|---|
| 1-30 | Transition planning observations by receiving educators |
| 10 | May newsletter deadline (final edition) |
| 20-24 | Spring break |

MAY

| | |
|---|---|
| 1-29 | Post-testing begins |
| | Transition planning meetings-EEE staff & receiving educators |
| | Final IEP meetings |
| 12 | OT/PT consultations |
| 22 | Classroom sessions conclude |
| | Home visits conclude |
| | Post testing completed |
| | Field trip/end of year party |
| 25-28 | Clear classrooms |
| 28 | Final ½ reports due |
| 29 | Memorial day |

JUNE

| | |
|---|---|
| 1-5 | Final file review |
| 8-12 | Final staff evaluation meetings |
| | Final inventory completed |
| | Clean office |
| 12 | Last day of school |
| | End of year summative data reports due |

Submitted by: Mark Sustic
Franklin NW/NE EEE Program

## EEE CLASS SCHEDULE & OTHER HELPFUL INFORMATION

ESSENTIAL EARLY EDUCATION PROGRAM
FAIR HAVEN, VERMONT

October 1986

Welcome to the New School Year!

We are so glad to see all the new faces and to welcome the familiar ones, to your class this year. This year you will see in the classroom: Nancy Sugarman - head teacher, Cara Conners - Teacher assistant, Sharon Robinson - teacher assistant, Sandy Rotz - speech-language pathologist and occasionally Sharon Pringle - director. Different students from the high school also help out in the classroom, two days a week.

There will be around ten children in the classroom each day. Most children come four days a week and some, two days a week. School is from 8:30-11:30 a.m. Tuesday, Wednesday, Thursday and Friday.

A typical day is scheduled like this:

| | |
|---|---|
| 8:30-8:50 | SAY HELLO, hang up your coat, and then work on a coloring or drawing paper which is different for each child. When it is finished children choose a quiet activity at the table or rug, including puzzles, shape color, or number games, pegs and beads, stacking blocks, cutting, coloring or drawing, etc. |
| 8:50-9:00 | CLEAN UP AND CIRCLE TIME, where we say hello, talk about what we'll be doing that day, and often do finger plays, songs, creative dramatics or other activities that help the children learn to participate in a large group and practice language skills. Once a week Sandy Rotz, the speech-language pathologist, leads circle time. |
| 9:00-9:20 and 9:20-9:40 | GROUP TIME, During these two times we meet in three groups of 3 to 4 children each, to work on language, fine motor, and cognitive concepts. In addition to working on these skills we work on the ability to participate in a small group. Activities are geared to the needs of each child. |

| | |
|---|---|
| 9:40-10:20 | FREE-PLAY TIME, where children choose among many activities such as sand, blocks, cars, painting, climbing the loft and more. We supervise play and encourage children to play with others, listen and respond to others, make choices, and to try to solve their own problems as they encounter them. |
| 10:20-11::00 | CLEAN UP AND SNACK TIME, play with others, listen and respond to others followed by looking at books and hearing books read in two small groups. Here we stress children asking for what they need, helping themselves and cleaning up, as well as language and listening skills. |
| 11:00-11:20 | GROSS MOTOR TIME, We work in two groups in the classroom, gym, or outdoors, on large muscle activities such as balance, coordination, ball skills, and group games. Again, activities are geared to individual needs. |
| 11:20-11:30 | GOODBYE, In a large group, we review the morning, get our coats, and say "see you tomorrow." |

The purpose of the class is to help each child be successful and independent. In addition to working on specific skills, each child is working on following directions, following a routine, making transitions, and getting along with others.

SOME THINGS YOU NEED TO KNOW ARE:

1. When children start going to school they often get very tired. Many parents have reported that their children need an afternoon nap after school.

2. Parents are invited to visit the classroom, anytime. It is helpful to know ahead of time when you plan to come because I can let you know our schedule for that day.

3. There is a parent bulletin board in the hallway before the classroom. It has articles and information. We can also use it to trade information on babysitters, car seats, or other services or supplies.

4. We often take walks to various places in the community, and I will try to let you know ahead of time if we will do that. If we need to travel by bus I will always get your written permission first.

5. We enjoy celebrating birthdays in school. You are invited to bring in treats on your child's birthday if you like. We'll make a special hat and sing a song.

6. As you can see by the following pages we will be having a parent get together on Thursday, October 9th, for parents to meet each other and to talk about the program. You'll also be able to look around the classroom. Child care will be provided if you need it, just let me know.

SOME THINGS YOU COULD HELP US WITH ARE:

1. Dress
   Dress your child in clothes for play. Dressy clothes make it difficult for children to feel free to explore, and we'd rather have fun then worry about getting clothes dirty. We use all washable materials but they can be messy.

2. Allergies
   Write down any allergies your child has, including food allergies, so we can watch for them.

3. Snack
   Each day the children have a snack, usually of milk and crackers. We are asking each child to contribute $5.00 for snack for this semester, and $5.00 again in January. It averages out to around a dollar a month. If you don't want to do that, you can bring in a box of crackers, a bag of apples, or other healthy food of your choice.

4. Junk
   Don't throw out your junk! We use anything and everything in our projects. We especially like styrofoam meat/vegetable trays and shoe boxes.

5. Special Skills
   You man not know it, but each parent has a special skill, hobby, or project that can be shared with the class. You are invited to bring your project in to do with the children or we can arrange together if you want to just share the idea. Parents can tell stories, do cooking projects, paint ceramics, practice woodworking, plant seeds, carve pumpkins, share pets or even babies! Whatever you can do is always appreciated.

Enclosed is our school calendar. It generally follows the public school, but there are a few additional days that we have no class. Please note the October no class dates.

I look forward to a good year, and I hope to see you even for a brief time, as you pick up and drop off your children. I always have time to discuss concerns or answer questions you may have. I look forward to seeing you all on October 9th.

Nancy Sugarman
EEE Head Teacher

Submitted by: Sharon Pringle
Fair Haven EEE Program

# Project Timeline

O Start activity
Δ Complete activity
X Start and complete activity in same month

| Activities | Dec. | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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Borrowed from McGuigan (1984).

## Weekly Activities Record

from ______ to ______

| Activity description | Projected completion date | Staff | Description of progress/problems this week |
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Borrowed from McGuigan (1984).

## EEE HOME ASSIGNMENT

Student: ____________________

Teacher: ____________________

Today's Date: ____________________

Date Assignment is Due: ____________________

| AREA | ASSIGNMENT | | | ACTVITY | MATERIALS | PAST DATA | OPPORTUNITIES | + = correct<br>- = not correct | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Condition | Behavior | Criteria | FOR INSTRUCTION | NEEDED | | | | | | | | | | | | |
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Submitted by: Mark Sustic
Franklin NW/NE EEE Program

CHILD'S REMARKS (Write down a few things your child says while doing the home work):

NEW WORDS OR CONCEPTS LEARNED (Write something about your session with your child. What new things did your child learn?):

QUESTIONS, COMMENTS, PROBLEMS (Write down any questions you have for your child's teacher, any comments you have about the home work, or any problems you are having with the assignments):

# SMALL GROUP DAILY PLANS

Language
Instructor -

Day/s -
Time -
Lesson/s # -
Program using -
Materials needed -
Additional plans -

Day/s -
Time -
Lesson/s # -
Program using -
Materials needed -
Additional plans -

Day/s -
Lesson/s # -
Time -
Program Using needed -
Additional plans -

Day/s -
Time -
Lesson/s # -
Program using -
Materials needed -
Additional plans -

Submitted by: Barrie B. Anderson
Barre Town EEE Program

# SMALL GROUP DAILY PLANS

Fine Motor
Instructor -

Day/s -
Teaching mode -
Time -
What teaching
Materials need/Program used
Additional plans

Day/s -
Teaching mode -
Time -
What teaching -
Materials needed/Program used -
Additional plans -

Day/s -
Teaching mode -
Time -
What teaching -
Materials needed/Program used -
Additional plans -

Day/s -
Teaching mode -
Time -
What teaching -
Materials needed/Program used -
Additional plans -

Submitted by: Barrie B. Anderson
Barre Town EEE Program

# INDIVIDUAL/SMALL GROUP DAILY PLANS

Date -

Time -

Goals

Materials

Procedures

Generalization

Submitted by: Barrie B. Anderson
Barre Town EEE Program

# APPENDIX O

## Needs Assessment for Staff Development

## SPECIAL EDUCATION PROFESSIONAL DEVELOPMENT SURVEY

**Please return by ________ (or sooner) to ____________**

Name: ____________________________________________________

Position: _________________________________________________

Circle One: EEE - AREA - MAINSTREAM

1. What in-service programs would benefit your program?

2. What professional development (courses, program, established program) would you like to see that would enhance your delivery of service within the next 2 to 5 years?

3. What kind of changes would you like to see made in current professional development plan (i.e., courses offered within the district, extended days)?

4. What in-service programs would benefit your program effectiveness?

5. Do you feel your program needs any changes? If yes, please elaborate and give specific examples.

6. How do you feel your program impacts on the regular classroom and/or the other speciality areas (i.e., Area Program, EEE, Speech/Learning Specialist), and what kinds of changes and/or modifications can/should be made?

7. Does your program interact with parents, teachers, other specialists, etc.? If so, what kind of rapport has been established with each? Can changes be implemented to enhance these relationships?

8. Would you be interested in devising and implementing a "parent awareness" group to help facilitate parents understanding of your Program 2 suggestions?

Submitted by: Joan Colgan
Bennington-Rutland EEE Program

## NEEDS ASSESSMENT OF STAFF DEVELOPMENT

| | | | | | |
|---|---|---|---|---|---|
| Initial Assessment Date | ____ | Color | Green | Staff Member | ________ |
| Midyear Assessment Date | ____ | Color | Yellow | Person Completing Scale | ________ |
| Year End Assessment Date | ____ | Color | Red | | |

1) For each of the competencies listed below, rate the staff member being rated (or yourself) on a continium from one to five. A rating of

1 = this is a very weak skill (observed less than 25% of the time)
2 = this is a weak skill (observed 25-50% of the time)
3 = this is an average skill and could use some improvement (50-75% of the time)
4 = this is something the person does well (75%-90% of the time)
5 = this is a skill which is a real strength (is observed 90%-100% of the time)
NA = Not applicable
NO = No opportunity to observe

2) After each competency marked 1, 2, or 3 indicate whether their is a need for training at the level of A = awareness, K = working knowledge or E = functional expertise.

3) After ranking all competencies, go back through the scale and prioritize (with 1 being the highest priority) those items marked as 1 or 2, according to the felt need for immediacy of training.

4) Also rank any items marked as 5 which you feel the person has the ability to contribute to the training of other staff members.

5) After discussion with the supervisor, fill in the Staff Development Column with the planned activities for increasing knowledge or skills along with projected timeline for accomplishment.

| Competency | Rating Weakness Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| Competency Area: Screening/Assessment | | | | | | | |
| 1. Demonstrates ability to identify different methods of locating children for screening. | NA 1 2 3 4 5 NO | | | | | | |
| 2. Demonstrates knowledge of screening methods. | NA 1 2 3 4 5 NO | | | | | | |
| 3. Knowledge of current research on screening. | NA 1 2 3 4 5 NO | | | | | | |
| 4. Demonstrates skill in interviewing parents during screening. | NA 1 2 3 4 5 NO | | | | | | |
| 5. Demonstrates skill in recording observations of children during screening. | NA 1 2 3 4 5 NO | | | | | | |
| 6. Demonstrates ability to accurately record and analyze screening data. | NA 1 2 3 4 5 NO | | | | | | |
| 7. Demonstrates ability to review screening data with an interdisciplinary team. | NA 1 2 3 4 5 NO | | | | | | |
| 8. Demonstrates knowledge of normal development in observing and assessing the functioning of children from birth through eight years. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 9. Demonstrates knowledge of etiologies and psychoeducational implications of various handicapping conditions. | NA 1 2 3 4 5 NO | | | | | | |
| 10. Demonstrates knowledge of terminology used by other disciplines. | NA 1 2 3 4 5 NO | | | | | | |
| 11. Demonstrates knowledge of the impact of environmental and cultural factors on a child's development | NA 1 2 3 4 5 NO | | | | | | |
| 12. Demonstrates ability to assess a child's level of functioning using nonstandarized assessment techniques (0-8 years) | NA 1 2 3 4 5 NO | | | | | | |
| 13. Demonstrates ability to assess a child's level of functioning using standarized assessment instruments (0-8 years) | | | | | | | |
| gross motor | NA 1 2 3 4 5 NO | | | | | | |
| fine motor | NA 1 2 3 4 5 NO | | | | | | |
| language | NA 1 2 3 4 5 NO | | | | | | |
| cognition | NA 1 2 3 4 5 NO | | | | | | |
| social/emotional | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 14. Demonstrates ability to integrate findings derived from 1) interviews, records, 2) observation, 3) formal and 4) informal assessment and to state conclusions in written form. | NA 1 2 3 4 5 NO | | | | | | |
| 15. Conclusions at staffings and to state. | NA 1 2 3 4 5 NO | | | | | | |
| 16. Demonstrates an ability to coordinate and conduct a staffing in such a manner that it is comprehensive comfortable and practical. | NA 1 2 3 4 5 NO | | | | | | |
| 17. Demonstrates an ability to share assessment information in a manner that can be understood by all present at the staffing. (uses functional examples of behaviors). | NA 1 2 3 4 5 NO | | | | | | |
| 18. Involves parents in all stages of the staffing, including the development and approval of the I.E.P. | NA 1 2 3 4 5 NO | | | | | | |
| Competency Area:<br>Program and Strategies | | | | | | | |
| 19. Demonstrates an ability to plan educational programs, both long-term (annual) and short-term (weekly), on the basis of assessment and environmental data and parental input. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 20. Demonstrates an ability to write instructional objectives in which outcome criteria are specified. | NA 1 2 3 4 5 NO | | | | | | |
| 21. Is able to develop and modify daily lessons based on assessment and observational findings. | NA 1 2 3 4 5 NO | | | | | | |
| 22. Writes instructional sequences and activities so that parents and paraprofessionals can follow them. | NA 1 2 3 4 5 NO | | | | | | |
| 23. Demonstrates an ability to task analyze skills to be taught to the child when necessary. | NA 1 2 3 4 5 NO | | | | | | |
| 24. Is aware of and utilizes appropriate curricula in planning appropriate strategies. | NA 1 2 3 4 5 NO | | | | | | |
| 25. Is able to evaluate activities to assess how well lesson objectives have been met. | NA 1 2 3 4 5 NO | | | | | | |
| 26. Is able to incorporate input from other disciplines into the child's program. | NA 1 2 3 4 5 NO | | | | | | |
| 27. Is able to modify lessons, response mode, and difficulty level to accommodate the handicap of the child, his input and interests and unexpected events. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 28. Demonstrates an ability to define a rationale and implement procedures for remediation of deficits or delays in the following areas: | | | | | | | |
| gross motor | NA 1 2 3 4 5 NO | | | | | | |
| fine motor | NA 1 2 3 4 5 NO | | | | | | |
| oral motor | NA 1 2 3 4 5 NO | | | | | | |
| self-help | NA 1 2 3 4 5 NO | | | | | | |
| cognition | NA 1 2 3 4 5 NO | | | | | | |
| receptive language | NA 1 2 3 4 5 NO | | | | | | |
| expressive language | NA 1 2 3 4 5 NO | | | | | | |
| social and emotional growth | NA 1 2 3 4 5 NO | | | | | | |
| health and nutrition | NA 1 2 3 4 5 NO | | | | | | |
| 29. Demonstrates ability to locate, develop and/or construct materials for use with a specific child or group of children to achieve given instructional objectives. | NA 1 2 3 4 5 NO | | | | | | |
| 30. Demonstrates the ability to develop and implement a contingency reinforcement system for use with individual children as needed. | NA 1 2 3 4 5 NO | | | | | | |
| 31. Records complete concise data on the child's progress toward stated objectives. | NA 1 2 3 4 5 NO | | | | | | |
| 32. Demonstrates the ability to include parents as an integral part of the child's program. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 33. Is able to coordinate individual educational and therapeutic programs and activities of the various team members into a comprehensive and consistent plan. | NA 1 2 3 4 5 NO | | | | | | |
| 34. Demonstrates an ability to develop and implement activities which are appropriate for home and center programs. | NA 1 2 3 4 5 NO | | | | | | |
| 35. Demonstrates knowledge of and ability to plan and implement formative and summative program evaluation. | NA 1 2 3 4 5 NO | | | | | | |
| 36. Demonstrates ability to monitor the progress of children and staff toward meeting program goals. | | | | | | | |
| 37. Able to plan safe, appropriate early childhood environments using space, equipment and materials to foster cognitive, language, self-help, social-emotional, and motor development to meet individual goals. | NA 1 2 3 4 5 NO | | | | | | |
| 38. Is able to articulate criteria for selecting curricula, methods and materials appropriate for infants and /or pre-school age children. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 39. Is able to write plans for activities, lessons, and units for groups of children in appropriate development areas at the infant and/or pre-school levels. | NA 1 2 3 4 5 NO | | | | | | |
| 40. Can individualize for children within a group. | NA 1 2 3 4 5 NO | | | | | | |
| 41. Demonstrates ability to group children according to appropriate criteria. | NA 1 2 3 4 5 NO | | | | | | |
| 42. Includes cross cultural considerations in devising and implementing plans. | NA 1 2 3 4 5 NO | | | | | | |
| 43. Maintains appropriate records and adheres to confidentiality policies. | NA 1 2 3 4 5 NO | | | | | | |
| 44. Demonstrates skill in utilizing a variety of behavioral and effective approaches to the management of children's behavior at the infant and/or preschool level. | NA 1 2 3 4 5 NO | | | | | | |
| 45. Demonstrates an understanding and skill in interpersonal communication dynamics with children, parents, professionals, and others. | NA 1 2 3 4 5 NO | | | | | | |

| ompetency | Rating Weakness Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| Competency Area:<br>Working with Parents | | A | K | E | Priority | | |
| 46. Demonstrates skill in discussing with parents: | | | | | | | |
| the needs of the family | NA 1 2 3 4 5 NO | | | | | | |
| the functioning levels of their handicapped child | NA 1 2 3 4 5 NO | | | | | | |
| specific problems or deficits | NA 1 2 3 4 5 NO | | | | | | |
| remediation strategies. | NA 1 2 3 4 5 NO | | | | | | |
| 47. Listens to parents responses and demonstrates empathy for parents feelings and problems. | NA 1 2 3 4 5 NO | | | | | | |
| 48. Demonstrates skill in offering parents appropriate suggestions for facilitating their handicapped child's growth and development through play activities. | NA 1 2 3 4 5 NO | | | | | | |
| 49. Provides written home programs for parents which are appropriate in level and functionality for both the child and the parents. | NA 1 2 3 4 5 NO | | | | | | |
| 50. Demonstrates ability to instruct parents in developmental, nutritional and health related aspects of education | NA 1 2 3 4 5 NO | | | | | | |
| 51. Demonstrates skill in counseling parents and/or siblings regarding problems related to having a handicapped child in the family, and can deal effectively with crisis | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 52. Individualizes the program for families depending on their needs and desires, strengths and limitations. | NA 1 2 3 4 5 NO | | | | | | |
| 53. Guides parents in the selection or creation of materials and toys for their handicapped child. | NA 1 2 3 4 5 NO | | | | | | |
| 54. Demonstrates an ability to conduct parent discussion groups. | NA 1 2 3 4 5 NO | | | | | | |
| 55. Demonstrates an ability to provide parent education information to parents through a variety of channels. | NA 1 2 3 4 5 NO | | | | | | |
| 56. Is able to conduct home visits in a manner which takes, into consideration the total family's needs. | NA 1 2 3 4 5 NO | | | | | | |
| 57. Is able to refer parents to appropriate community services when necessary. | NA 1 2 3 4 5 NO | | | | | | |
| Competency Area:<br>Leadership:<br>58. Demonstrates an ability to train parents, professionals, and paraprofessionals in educational procedures, such as observing and assessing the child, and planning, implementing and evaluating a program. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 59. Demonstrates an understanding of regular preschool classroom operation. | NA 1 2 3 4 5 NO | | | | | | |
| 60. Is able to plan and conduct effective in-service training activities for regular pre-school teachers. | NA 1 2 3 4 5 NO | | | | | | |
| 61. Demonstrates skill in interacting and counseling regular preschool teachers. | NA 1 2 3 4 5 NO | | | | | | |
| 62. Uses appropriate techniques such as modeling, prompting, assisting, cueing, to train others in new skills. | | | | | | | |
| 63. Uses effective measures to provide feedback and reinforcement to persons being taught new skills. | NA 1 2 3 4 5 NO | | | | | | |
| 64. Demonstrates skill in acting as a liaison between persons, groups, or agencies regarding problems relating to handicapped children. | NA 1 2 3 4 5 NO | | | | | | |
| 65. Demonstrates an understanding of the total service delivery system and is able to work effectively within the system as a change agent. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 66. Is able to evaluate staffing needs with regard to the number and type of children being served and the type of program model being implemented. | NA 1 2 3 4 5 NO | | | | | | |
| 67. Is able to define and describe various role descriptions within the program. | NA 1 2 3 4 5 NO | | | | | | |
| 68. Is able to define criteria for hiring staff. | NA 1 2 3 4 5 NO | | | | | | |
| 69. Is able to develop formative and summative evaluation measures for children, staff and the total program. | NA 1 2 3 4 5 NO | | | | | | |
| 70. Is able to plan for individualized development, establishing criteria for determination of needs and value of training. | NA 1 2 3 4 5 NO | | | | | | |
| Competency Area:<br>Knowledge:<br>71. Demonstrates knowledge of the rationale for early intervention. | NA 1 2 3 4 5 NO | | | | | | |
| 72. Demonstrates knowledge of agency goals, funding sources, services, and personnel. | NA 1 2 3 4 5 NO | | | | | | |

| ompetency | Rating Weakness Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 73. Demonstrates knowledge of community services, agencies, and resources important to early childhood special education programs. | NA 1 2 3 4 5 NO | | | | | | |
| 74. Demonstrates knowledge of state and federal litigation and legislation regarding education of exceptional children. | NA 1 2 3 4 5 NO | | | | | | |
| 75. Demonstrates knowledge of alternative models, program designs, curricula, methods an materials appropriate for young handicapped children. | NA 1 2 3 4 5 NO | | | | | | |
| 76. Demonstrates knowledge of research relevant to the development and education of handicapped children. | NA 1 2 3 4 5 NO | | | | | | |
| 77. Demonstrates knowledge about concepts of sociology of the family, family development, and family relationships. | NA 1 2 3 4 5 NO | | | | | | |
| Competency Area:<br>Affect<br>78. Demonstrates enthusiasm when working with children and families. | NA 1 2 3 4 5 NO | | | | | | |

| Competency | Rating Weakness/ Strength | Indicate Level of Training Needed and Priority of Need | | | | Prioritize Strengths for team sharing | Methods for Staff Development |
|---|---|---|---|---|---|---|---|
| | | A | K | E | Priority | | |
| 79. Demonstrates confidence and composure in maintaining the learning environment. | NA 1 2 3 4 5 NO | | | | | | |
| 80. Demonstrates patience and understanding toward children and families. | NA 1 2 3 4 5 NO | | | | | | |
| 81. Assumes initiative and responsibility for accomplishing necessary program tasks. | NA 1 2 3 4 5 NO | | | | | | |
| 82. Utilizes constructive feedback for personal growth and development. | NA 1 2 3 4 5 NO | | | | | | |
| 83. Recognizes and expresses need for skills and information and seeks staff development activities. | NA 1 2 3 4 5 NO | | | | | | |
| 84. Shares ideas and skills with other staff | NA 1 2 3 4 5 NO | | | | | | |
| 85. Exhibits honest respect for | | | | | | | |
| children | NA 1 2 3 4 5 NO | | | | | | |
| families | NA 1 2 3 4 5 NO | | | | | | |
| staff | NA 1 2 3 4 5 NO | | | | | | |
| 86. Accepts responsibility for own actions. | NA 1 2 3 4 5 NO | | | | | | |
| 87. Can examine own value system critically. | NA 1 2 3 4 5 NO | | | | | | |

Borrowed from Linder, T.W.
(1983) pps 204-216.

# APPENDIX P

## Barriers to Interagency Collaboration

## BARRIERS TO INTERAGENCY COLLABORATION

Pollard, Hall and Keeran (1979) have suggested the following as barriers to cross-agency agreements:

1) The competitiveness of long established institutions.

2) The lack of an organizational structure that brings agencies together around areas of mutual interest.

3) The parochial interests of agencies and organizations that make them myopic to the needs of the broader community.

4) The lack of experience in the techniques of coordinated planning.

5) Awkwardness in interdisciplinary communication and lack of respect among many professional groups whose skills are needed by the handicapped.

6) Failure to recognize that programs for handicapped persons are co-equally a major responsibility of several government agencies at federal, state, and local levels: e.g., Health, Education, and Welfare as well as Mental Health Rehabilitation, Housing and Employment.

7) The temptation of system delivery designers to become so preoccupied and fixated on the "system design" that they lose sight of the functional whole of the system and of the individual agencies working to meet the needs of handicapped persons (pp.7-8).

## APPENDIX Q

## Parent/Professional Associations or Advocacy Groups in Vermont

## PARENT/PROFESSIONAL ASSOCIATIONS
## OR ADVOCACY GROUPS IN VERMONT

Groups of people who have family members with a common handicap have formed networks. These groups are dedicated to providing parents with additional information about specific disabilities and to advocating for better services for children. This can be a good way to meet other parents in your community.

Some of the most active of these groups include:

Child Care Resource and Referral
  Center of Chittenden County
135 Church Street
Burlington, Vermont 05401
Telephone:  863-3367

Committee on Children's Rights
Vermont Bar Association
Taftor Building
Williston, Vermont 05495
Telephone:  879-7133

Developmental Disabilities Council
103 Main Stgreet
Waterbury, Vermont 05676
Telephone:  241-2612

Governor's Commission on the Status of Women
126 State Street
Montpelier, Vermont 05602
Telephone:  828-2851

Rural Networks
Northeast Regional Resource Center
Trinity College
Burlington, Vermont 05401
Telephone:  658-5036

United Cerebral Palsy of Vermont
73 Main Street, Room 402
Montpelier, Vermont 05602
Telephone:  223-5161

Vermont Academy of Pediatrics
114 Fairfield Street
St. Albans, Vermont 05478
Telephone:  527-7559

Vermont Advocates for Public Health
23 Pheasant Way
South Burlington, Vermont 05403
Telephone: 658-0136

Vermont Association for Mental Health
Box 165
Montpelier, Vermont 05602
Telephone: 223-6263

Vermont Association for Learning Disabilities
9 Heaton Street
Montpelier, Vermont 05602
Telephone: 223-5480

Vermont Association for the Blind
37 Elmwood Avenue
Telephone: (800) 322-5861

Vermont Association for Retarded Citizens
Champlain Mill #37
Winooski, Vermont 05404
Telephone: 655-4016

Vermont Association for the Education
of Young Children
c/o Addison County Parent Child Center
11 Seminary Street
Middlebury, Vermont 05753
Telephone: 388-3171

Vermont Child Protection Coalition
103 South Main Street
Waterbury, Vermont 05656
Telephone: 241-2134

Vermont Children's Aid Society
79 Weaver Street
Winooski, Vermont 05404
Telephone: 864-9883

Vermont Children's Forum
Box 261
Montpelier, Vermont 05602
Telephone: 229-0522, Ext. 233

Vermont Coalition of the Handicapped
73 Main Street
Montpelier, Vermont 05602
Telephone: 223-6140

Vermont Day Care Association
c/o Child and Family Development Program
10 Main Street
Box 207
Newport, Vermont 05855
Telephone: 334-7316

Vermont Developmental Disabilities Council
103 South Main Street
Waterbury, Vermont 05676
Telephone: 241-2612

Vermont Headstart Association
Champlain Valley OEO
Head Start
138 Church Street
Burlington, Vermont 05401
Telephone: 658-0005

Vermont Surrogate Parent Program
Vermont Department of Education
Montpelier, Vermont 05602
Telephone: 828-3141

# APPENDIX R

## Sources for Adaptive Equipment for Multiply Handicapped Children

## SOURCES FOR ADAPTIVE EQUIPMENT

## FOR MULTIPLY HANDICAPPED CHIDLREN

Achievement Products, Inc., P.O. Box 547, Mineola, NY 11501. Clinic equipment such as mats, wedges, rolls, and a line of pediatric weights, vests and mirrors.

Adaptive Equipment Co., 11443 Chapin Road, Chesterland, OH 44026.

Adaptive Therapeutic Systems, Inc., 35 Howe St., New Haven, CT 06511.

Amigo, 6693 Dixie Highway, Bridgeport, MI 48722. Motorized carts

Biddle Engineering Co., Ltd., 103 Stourbirdge Road, Halesowen, West Midlands, B63 3UB, 021-550-7326. England produces an extensive variety of rehabilitation equipment. This company specializes in electric wheelchairs.

Bobby Mac Co., Inc., 95 Morris Lane, Scarsdale, NY 10583. Supplier of a popular car seat.

Childcraft Education Corp., 20 Kilmer Road, Edison, NJ 08817. Have a special needs catalog, good quality toys, some furniture. Their yearly sales are good.

Cleo Living Aids, 3957 Mayfield Ave., Cleveland, OH 44121.

Cosco/Peterson, 2525 State St., Columbus, IN 47201. Baby products, high chairs, strollers

Endicott, 1365 Flatbush Ave., Brooklyn, NY 11210. Wheelchairs, transporter chairs, and pediatric/adult adaptive equipment. Customized seat inserts for wheelchairs and strollers. Supplier of Triwall.

Equipment Shop, P.O. Box 33, Bedford, MA 01730. (617) 275-7681). A small store that carries adapted bicycles, rolls and balls, prone stander, and chair/seats, strollers.

Everest & Jennings Distribution Center, 165 Spring St., Murray Hill, NJ 07974. (201) 464-5737. They carry a wide range of chairs, accessories and transfer aids (lifts).

Fred Sammons, Inc., Be OK Self-Help Aids, Box 32, Brookfield, IL 60513. A complete line of self-help aids for eating, dressing, hygiene, communication, books, video tapes, recreation, homemaking, and clinic needs (velcro, splints). They carry the small, novel devices. Good catalog.

Gerico, Inc., Box 998, Boulder, CO 80302. Sturdy umbrella strollers

Gunnell Manufacturing Co., 7768 Waterman Road, Vassar, MI 48768. Manufacture chairs, tubseats, commode/shower chairs

G. M. Love Seats, 400 Renaissance Center, Suite 1200, Detroit, MI 48243. Molded plastic bucket type car seat with foam padding. Can be used in home as infant seat. Also available in child size, fits 20-40 lbs.

Handi-Lift, Inc., 4 Madison Ave., Mahwah, NJ 07430.

ICTA Information Centre, FACK, S-161 03, Bromma 3, Sweden. International source for information related to adaptive equipment. Publish pamphlets describing new designs.

Johnson & Johnson, Infant Development Program, 175 Community Drive, Great Neck, NY 11025. Toys, books on infant and toddler development

Kagle Surgical Supply, Inc., 4380 Bronx Blvd., Bronx, NY (212) 994-8270. Distribute wheelchairs, ambulation aids, beds, cushions, lifts and self-care equipment

Kaye Products, Inc., Adaptive Equipment for Children, 202 South Elm St., Durham, NC 27701. (919) 699-1601. Potty seats (toilet trainers), a variety of adapted chairs and (floor) sitters, prone standers. Well-made and reasonably priced adapted furniture.

Kewaunee Equipment Co., P.O. Box 186, Kewaunee, WI 54216. Infant and toddler furniture, strollers, pottie chairs, booster seats

Kiddie Products, Inc., Avon, MA 02322. Infant toys

Lumex, Inc., Medical Equipment and Patient Aids, 100 Spence St., Bay Shore, NY 11706. Beds, bathroom aids, special chairs, and ambulation aids. Known for their sturdy equipment.

Maddox, Inc., Pequannock, NJ 07440. (201) 694-0500. Includes adaptive equipment for leisure time, feeding, self-care, splints, evaluations, cushions

Medco Surgical Supply, Inc., 30 Jamaica Ave., Queens Village, NY 11428. Wheelchairs, walkers, commodes and A.D.L. equipment. Triwall. Customized seat inserts and adaptive equipment. Will duplicate from Triwall.

G. E. Miller, Inc., 484 South Broadway, Yonkers, NY 10705. (914) 963-9060. Carries a wide variety of adaptive equipment both large and small, including beds, transfer and safety devices, ambulation aids. Special Education Materials, Inc., the pediatric subdivision, carries toys and furniture.

L. Mulholland & Assoc., 985 Ann Arbor Ave., Venture, CA 93003. Adapted proneboards and wheelchairs for the multihandicapped

Orthoform, Arno Tiedje, (201) 696-4053. Customized wheelchair seat inserts of firm orthoform material. Fitted and molded specifically to client. Found to be most suitable with cases of severe scoliosis, such as with the child with muscular dystrophy, etc., which cannot be accommodated by other standard or customized seating modifications. Expensive but worth the investment.

Ortho-Kinetics, P.O. Box 936, Waukesha, WI 53186. Car seat/transported chair

Parker Products, P.O. Box 15067, Long Beach, CA 90815. Parker bath seat, child and adult. Hammock style with suction cups. May be available through local vendors.

Peterson Baby Products, 4421 Riverside Dr., Suite 212, Tolusca Lake, CA 91505. Peterson 78 Safe-T-Seat (car seat) for babies and toddlers.

J. A. Preston Corp., 71 5th Ave., New York, NY 10003. (800) 221-2425 or (212) 252-8484. Comprehensive catalog that distributes some products from other companies. Includes ambulation devices, furniture, wheelchairs, beds. Small selection of self-help aids. Some toys for perceptual motor skills, exercise and sensory motor development. Pediatric catalog is Material for Exceptional Children, which carries a more complete line of toys and furniture. (Distributor for "Tumble Forms", bolsters, feeder seats, etc.).

Rifton, Equipment for the Handicapped. Division of Community Playthings, Hutterian Society of Brothers, Rifton, NY 12471. (914) 658-3141). Nice quality, adjustable equipment - prone standers, scooter boards, special tables and chairs, walkers, rolls, wedges and a "Rifton Tricycle" for the handicapped.

Sears Home Health Care, Sears Roebuck & Co., Sears Tower, Chicago, IL 60684. Ask for this catalog at any Sears store. Carries a wide variety of surgical equipment frequently found in surgical supply stores.

Strolee, 19067 S. Reyes Ave., Compton, CA 90221. Infant and toddler furniture, strollers, high chairs. Car seat accommodates infants and toddlers.

Skill Development Equipment, Vantel Corp., Box 6590, Orange, CA 92667. Carry vinyl coated foam equipment

Tuck-A-Way Stroller, Columbia Manufacturing, Westfield, MA. Rep. Jack and Murray Levine Corp., 73-73 196th Place, Flushing, NY 11366.

Workshop for Learning Things, 5 Bridge St., Watertown, MA 02172. Catalogs and publications on building with cardboard (Triwall) information on local sources for Triwall, tools for cardboard construction.

Compiled by the Pediatric Rehabilitation Service, John F. Kennedy Medical Center, Edison, NJ 08817

## APPENDIX S

## U.S. Consumer Product and Safety Commission Guidelines for the Selection of Toys

# U.S. CONSUMER PRODUCT SAFETY COMMISSION
## GUIDELINES FOR THE SELECTION OF TOYS

The U.S. Consumer Product Safety Commission has published guidelines for the selection of toys which should also apply to materials chosen for the preschool program.

Toys and materials should meet the following criteria:

- Too large to be swallowed
- Has no detachable parts which can be lodged in ears, nostrils, or windpipes.
- Won't break easily or leave jagged edges
- Has no sharp edges or points
- Not made of glass or brittle plastic
- Labeled non-toxic
- Not put together with straight pins, sharp wire, or easily exposed nails
- No parts that can pinch fingers or catch hair
- No cords or strings over 12 inches in length
- Made of non-flamable fabrics
- "Washable" and "hygenic materials" notices attached to stuffed toys or dolls
- Does not make excessive noises

# APPENDIX T

## Questions for Selecting, Adapting and Applying Toys as Learning Tools for Children with Handicaps

# QUESTIONS FOR SELECTING, ADAPTING AND APPLYING TOYS AS LEARNING TOOLS FOR CHILDREN WITH HANDICAPS

- Will the toy be appropriate for the developmental abilities of the child?
- Will the toy be capable of eliciting a range of developmental skills so as to encourage the child to acquire more progressive behaviors while reinforcing targeted skills?
- Will the toy afford the child experiences that are otherwise unattainable?
- Will the toy enable the child to adapt to his or her everyday surroundings (i.e., will it elicit behaviors that will facilitate the child's control over his or her environment)?
- Will the toy have the potential to elicit a variety of behaviors across a wide developmental spectrum?
- Will the toy be used to elicit behaviors across developmental domains (i.e., cognitive, sensory, motor, social)?
- Will the toy be an effective agent for facilitating social and communicative interactions?
- Will the toy facilitate concomitant and collateral developmental skills (i.e., will the toy develop head rotation although its primary function is to enhance visual awareness and localization)?
- How much potential does the toy have for eliciting a variety of play behaviors?
- Will the toy be useful in combination with other toys?
- Will the toy accomodate a variety of chronological and developmental levels?
- Will the toy have the potential to be enjoyed simultaneously by more than one child in a turn-taking situation?
- Will the toy be effective across a variety of handicapping conditions?

- In the selection of toys for a classroom or for specific instructional purposes, will there be a range and variety of toys available for eliciting targeted behaviors and for simultaneously matching the current cognitive, sensory, physical, and arousal level of the child or children?

From Langley, M.B., (1985). Selecting, adapting, and applying toys as learning tools for handicapped children. _Topics in Early Childhood Special Education_,5 (3), 101-118.

# APPENDIX U

## Arranging Center-Based Classroom Learning Environments

# ARRANGING CENTER-BASED CLASSROOM LEARNING ENVIRONMENTS

## The Facility

The facility where the EEE classroom is housed may be any one of a number of locations. Ideally, it could be located in a public school building. Alternative locations include an unused room in a church or community building (e.g., 4-H building), the basement of a building, or a vacant classroom in a private school. When one of the alternative locations is used, a rental fee will probably be charged.

For the most part, the young child with handicaps may best be taught in a setting developed on the same principles as normal nursery schools. Additional space may be necessary for more severely handicapped children who may need heavy braces, wheelchairs, or other adaptive equipment. Ramps will be needed for movement in and out of the building. The doors must be wide enough to allow for passage of adaptive equipment. Also, toilet cubicles must do the same. Handrails may be necessary to enable a child to swing easily from the wheelchair to the toilet seat.

The facility should be properly planned to be able to adapt it to the physical needs of the individual child. The entrance should provide easy access for two, three, and four year olds who may just be learning to walk. A minimum of steps, safety from traffic, proximity to the loading area entrance, and distance to the classroom are factors to consider when selecting a classroom space. Ground floor locations are recommended to facilitate quick evacuation in the event of an emergency. It is of primary importance that there is a secured fenced play area to ensure the safety of the young children.

Related service personnel (i.e., OT, PT, School Psychologist) and other ancillary staff (e.g., volunteers) may need to work with children within the classroom if an area can be arranged. Some facilities have small rooms which can be made available to other staff. Consideration should be given to provisions for space and equipment for each of these service providers.

## The Classroom

The classroom environment of the young child with handicaps is a critical factor in his/her development. The organization of the classroom should be a function of the needs of the individuals who receive services in the classroom. A sense of trust, independence, and creativity along with personal growth and development, can be fostered in a well-organized, attractive, comfortably arranged room which has adequate supplies, materials, and toys. The preschool classroom should be considered an extension of the home where functional skills (e.g., eating, toileting, dressing) are taught through daily learning experiences.

The classroom should be organized to accomodate for the following types of activities:

(1) Small group and individualized instruction-activities which involve listening, reading, meeting, and viewing.
(2) Activities which allow individuals to work with structured materials such as manipulatives, puzzles, toys, and blocks.
(3) Discovery and craft activities such as sand/water play, plants, small animals, woodworking, paints, clay blackboards, or crayons.
(4) Dramatic play activities- store, house, dress-up, puppets and dolls.
(5) Large motor activities-may require use of gymnasium, outdoors, or adaptive physical education area such as crawling, hanging, swinging, sliding, and tumbling.
(6) For physically or sensory disabled children therapeutic activities may be necessary. Although these types of activities will vary with the handicap of the young child, the classroom organization should allow for them to occur.

Other considerations in classroom organization Ample storage areas are needed for large equipment used in gross motor instruction and adaptive equipment for young children who are physically impaired.

A sink low enough for a young child to reach, and toilet facilites in the room with hot running water and a table for changing diapers are essential.

Noisy and quiet activities should be scheduled at different times during the day. Tables, chairs, mats, and room dividers in individual and work areas should be arranged to reduce the distractions of other children and staff moving from one area to another.

Wall and ceiliing decorations, while attractive, may also be quite distracting for young children. Some thought should be given to the visually distracting effect of these when placing them in the classroom.

The safety of the preschool children is a prime consideration in facility selection and daily maintenance of the classroom. All classrooms must be "kid-proofed" and kept free from any potential hazards. All radiators, heaters, and water pipes should be covered with a type of protective insulation or located beyond the young child's reach. Every classroom should be well ventilated, draft-free, and the temperature should be kept at a comfortable level. If it is necessary to store any items which have potential danger for harm, they should be stored out of the child's reach.

Ann Rogers-Warren (1982) has suggested that the following criteria be used for evaluating the classroom environment:

How does the setting appear at a child's level? Are there interesting things to see and touch, such as windows, mirrors, aquariums, and toys?

Is there room for a wheelchair-bound or awkwardly mobile child to negotiate in and out of spaces and turn around?

Are shelves and tables at a comfortable level for a child's height? Is there a place (perferably more than one) that can accomodate a child in each activity?

Are shelves, tables, sinks and other fixtures sturdy enough to hold the weight of a minimally mobile child who may need support?

Are prosthetic devices (such as a standing cuff) easily accessible in the areas where children might gain practice standing or sitting without an adult's assistance while engaged in an activity?

Are some of the materials and toys accessible to a child without assistance even if he or she is minimally mobile?

Is the sound level and acoustic arrangement of the room satisfactory for a child with a hearing impairment or a hearing aid? Are there some special quiet areas for children to work with minimal noise distraction?

Does the environment contain sufficient contrasts to attract the notice of a visually impaired child? Do color and light contrasts corroborate texture and height contrasts?

Are the cues (use of color, change of levels, dividers) that designate different areas clear and consistent?

How much of the environment is designed for self-management or self-engagement? How frequent do children use these opportunities? Does a child need training to use these opportunities?

Does the arrangement of the room allow for quiet places and social places to meet the changing moods and needs of children?

There are several commercially prepared checklists available to evaluate classrooms for children with special needs such as the Early Childhood Environment Rating Scale by Harms and Clifford (1980).

Another excellent resource guide for designing a preschool classroom for young children with handicaps is by R. Gordon, The Design of a Preschool Laboratory in a Rehabilitation Center. New York: University of New York Medical Center, 1969. (ERIC Document Reproduction Service No. ED032096)

Playground Any outdoor play areas should be located near the classroom. Adequate playground space and equipment assist the child's development in basic skills of walking, jumping, running and other activities which involve the use of large muscles; social interactions with peers can occur at these times on the playground. A fenced area prevents children from wandering off, eliminates traffic hazards, and allows young children more freedom to choose their own activities. Equipment should include climbing structures, platforms, ladders, slides, tunnels, and a sand box.

Policies for Use of the Facilities Members of the EEE staff and the community should work together to develop policies and procedures regarding use of the facility. These policies should address such questions as, Who will be responsible for the maintenance and upkeep of the facility? For instance, during the summer, when the facility may not be used to house a program, who will provide for upkeep of it? Will the community be sharing the use of the facility? Will members of the community be allowed to borrow equipment from the program? If an accident occurs after school hours, who will be responsible?

Once written, the policies and procedures should be reviewed and reconsidered. Any decisions to reallocate space should be done in an equitable and non-discriminatory fashion.